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# Embracing Our Diversity: Intervening Early in Every Community Moving Towards US


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## Disclosures

- I have no disclosures (CME requirement)



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## What Did We Hear This Morning?

- Are you safe? (physically, emotionally, mentally and relationships wise)
- Can you help me? Are you useful?
- Can you “see” me? Do you understand me?
- Will you be around? For the long run? When things get tough?
- “Yeah, I heard that before”



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## Gifts from our panel

- Leadership through love
- My experience drive change
- Being a voice
- Helps us learn
- Openness in action
- Strength
- What is common between us
- Everyone's experience is unique
- Focus on my needs



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## My Cultural Journey

- First trip back to India – 5 years old (1<sup>st</sup> Generation Immigrant)
- Returned at 7, 9, 11, 13 and 17 (Overt Inequality)
- Tight-knit Progressive Indian Community (No native language)
- College Anthropology Major (Covert Inequality)
- Field Working for the CDC in STD Prevention
- Congressional Commission Infant Mortality
- Pediatric Residency – Population Health (2<sup>nd</sup> Generation MD)
- Fellowship and MPH – Research in Boston
- Asthma work and Chronic Illness in San Diego
- Development and Behavioral Services in San Diego



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## Dream/Promise of America



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## Righteous Anger

The key to understanding  
righteous anger is by knowing  
the motivation.



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## Angels in the Nursery

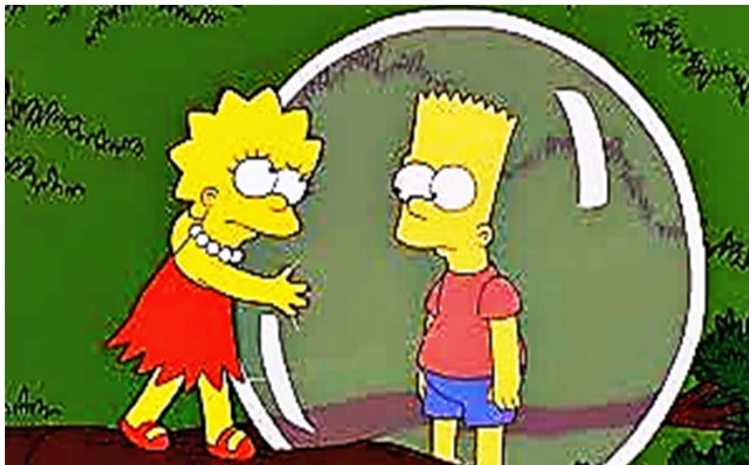
- Ancestral Angels



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## Bubble of Perception



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## How We See the World Lens and Filters

- Developmental
- Clinical
- Family Support
- Attachment
- Trauma
- Strengths based
- Cultural
- Experience
  - Personal
  - Family
  - Cultural (Current and Historical)
  - Cultural Context
- Expectations
- Beliefs
- Memories



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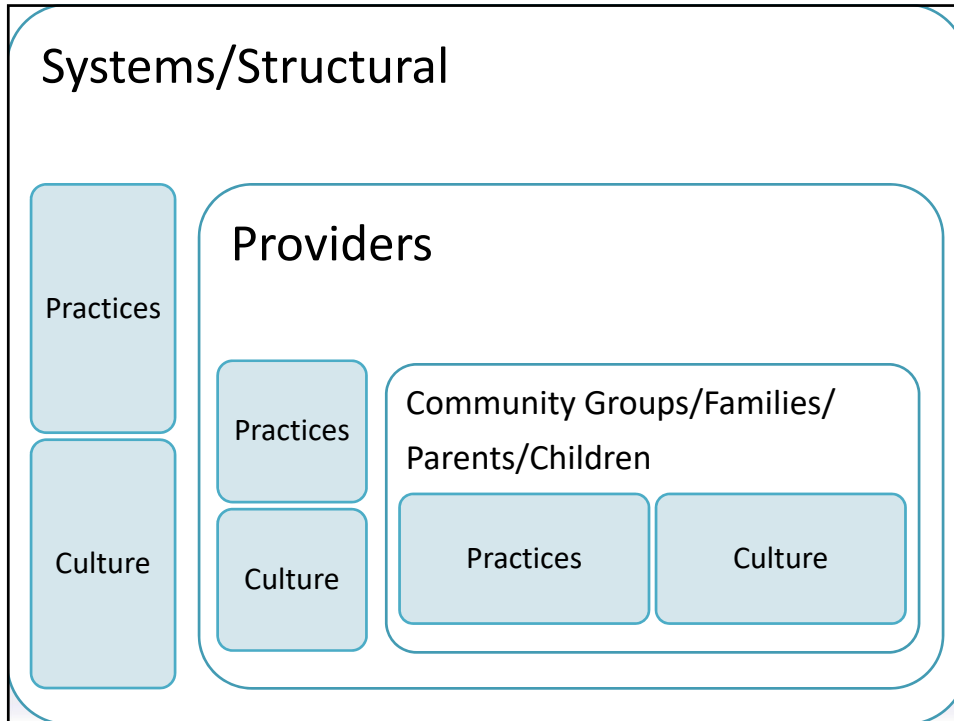


## Children live in the context of relationships



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## Barriers occurred in “battleground areas”

Where the interests of stakeholders conflicted with each other, reflecting unresolved debates over national health care policy and resource allocation

- Shortages of health care facilities due to lack of resources
- Inadequate provider availability due to low reimbursement rates
- Increased cost-sharing and exclusion of certain benefits For example, higher co-pays, caps on service utilization, or no coverage for dental or mental health services
- Provider noncompliance with federally mandated standards of care (often unfunded). For example, failure to provide required EPSDT, vision, or prenatal services; poor after-hours call in services; no emergency prescription drug supply; no recognition of patients' right to have an interpreter



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## Barriers Deliberate Policy Decisions

Persuade hospital administrators, directors of managed care organizations, school administrators, state agencies and state-level policy makers to cooperate with changes **that would not necessarily be cost-saving in the short run.**

- Certain barriers to care in managed care and hospital practices. For example, unrealistic policies on prior authorization for prescription drugs or barrier-creating emergency room and treatment policies.
- Certain barriers to care in state-level policies. For example, poorly drawn state contracts with.



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## Barriers Unrecognized or Neglected Needs

- Families needing greater health literacy on common illnesses and preventive care
- Families making inappropriate use of emergency department services
- Language and literacy barriers due to shortage of, and poor organization of, medical interpreter services
- Problems with medical transportation
- Lack of understanding Medicaid benefits and system navigation
- Lack of understanding among health care providers and pharmacists concerning allowable benefits
- Enrolled families being unconnected with the health care system



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## Standard Approach

- Providers need to examine and overcome their own prejudices about diverse groups
- Address preconceptions and misconceptions on both sides
- Understand specific characteristics and needs of groups
- Awareness of the availability of services needs to be raised among diverse communities
- Develop shared vision among stakeholders
- Build capacity (including training programs) to sustain on inclusive approach towards diverse



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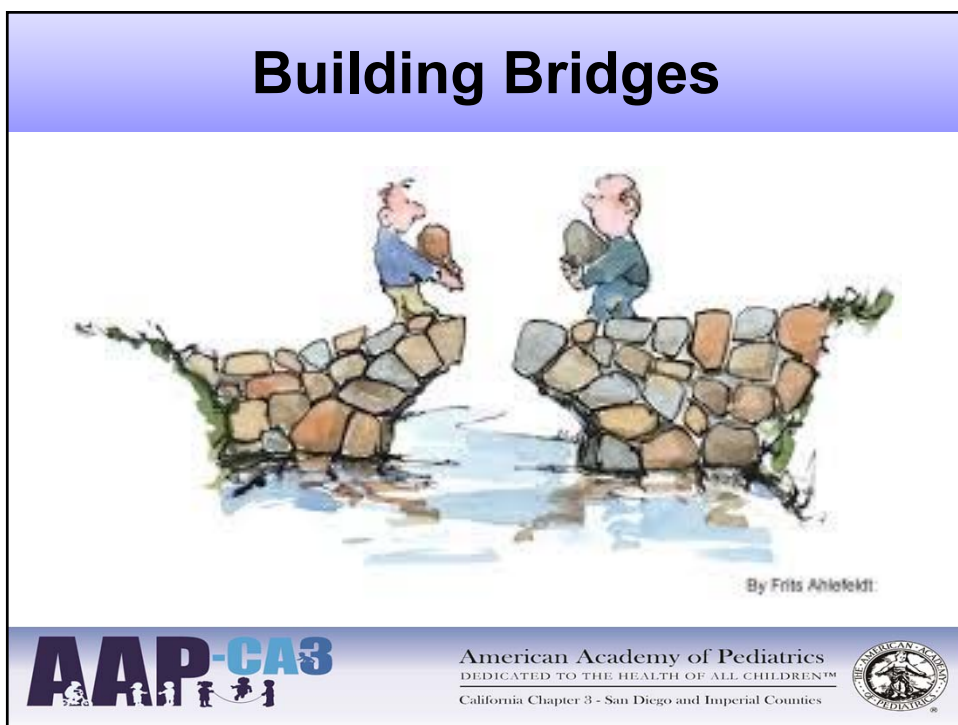
## Standard Approach (2)

1. Engaging diverse groups (outreach workshop)
2. Equality and barriers to involvement (workshop for stakeholders)
3. Identifying community champions
4. Training community champions
5. Involving parents through parent councils
6. Understanding barriers to involvement (input from parent councils)



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## Bridging Different Worlds

- Relationships would be based on two-way communication, cooperation, and coordination, and also on collaboration
- Breakdowns are more often to differing **needs, values, and levels of trust** than families' lack of interest or unwillingness



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	Needs	Values	Trust
Systems			
Providers			
Community/ Families/ Parents			



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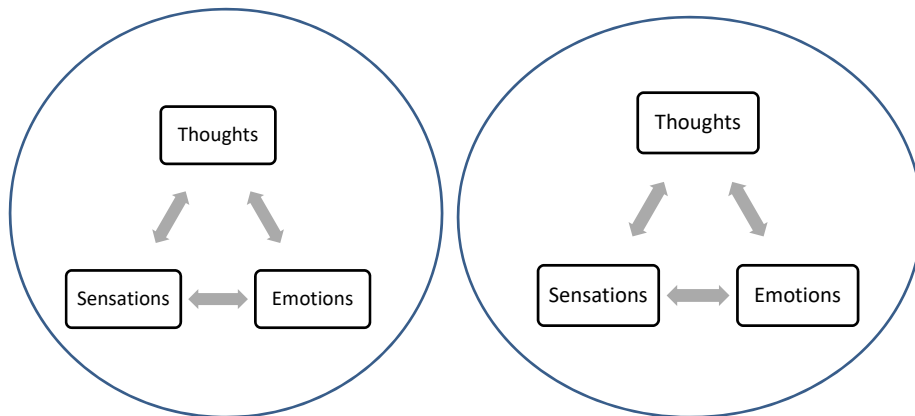
## Is every interaction cross-cultural?



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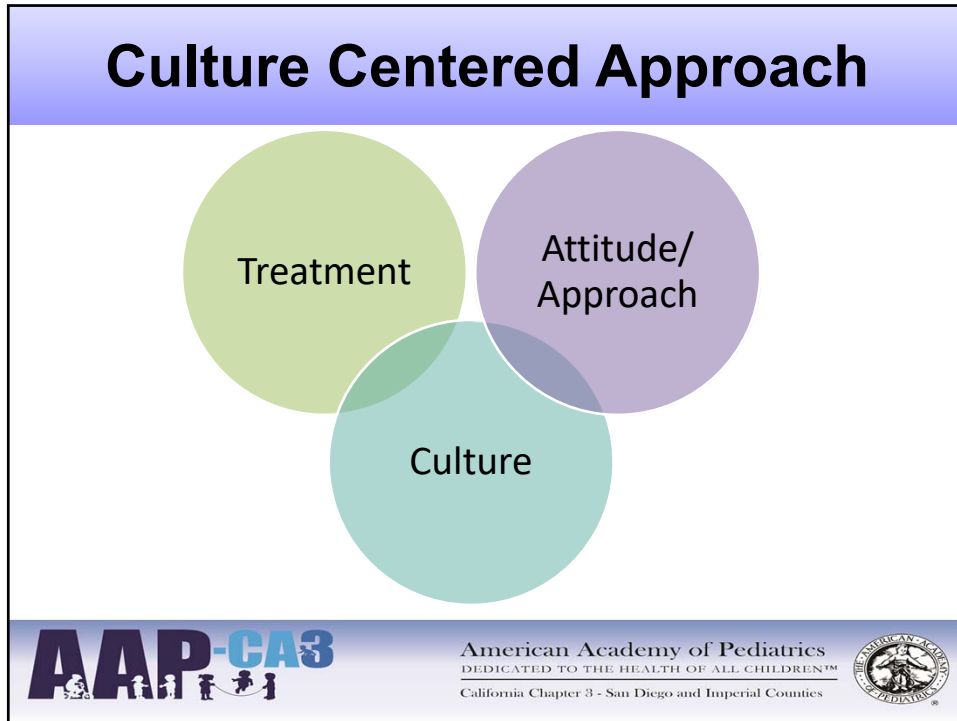


## Inner Worlds of Two



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## What is Culture?

An older definition

“the set of attitudes, values, beliefs, and behaviors shared by a group of people, communicated from one generation to the next.”

Matsumoto, D 1997

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## What is Culture?

a way of life, especially as it relates to the **socially transmitted** habits, customs, traditions, and beliefs that **characterize a particular group of people at a particular time**. It includes the behaviors, actions, practices, attitudes, norms and values, communications (language), patterns, traits, etiquette, spirituality, concepts of health and healing, superstitions, and institutions of a racial, ethnic, religious, or social group. **It is the lens through which we look at the world**

*(Edwards, Ellis, Ko, Saifer, & Stuczynski 2011)*



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## Under Our Radar

- Our own culture is often hidden from us, and we frequently describe it as “the way things are”
- As members of a majority cultural group, it may be difficult to identify certain values and norms of behavior as being connected to cultural background



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## Differences Between and Within

Members of the same culture vary widely in their beliefs and actions. We all have unique identities that we develop within our cultures, but these identities are not fixed or static. This is the reason that stereotypes do not hold up: no two individuals from any culture are exactly alike. Because individual differences within cultural groups are far greater than differences between cultural groups, it is both particularly crucial and particularly challenging to operationalize understandings of culture and avoid stereotyping in diverse communities

*Ahearn et al. (2002)*



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## My Brother – Same Culture?



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## What Created Cultural Gaps?



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## What Other Gaps Besides

- Race
- Language
- Nationality
- Religion
- Age
- Gender
- Sexual orientation
- Income level
- Education
- Occupation
- Where you grew up



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## Being Present – ROCK SUN

- Respect
- Openness, Vulnerability, Humility
- Compassion
- Kindness
  
- Support
- Understanding
- Non-judgmental



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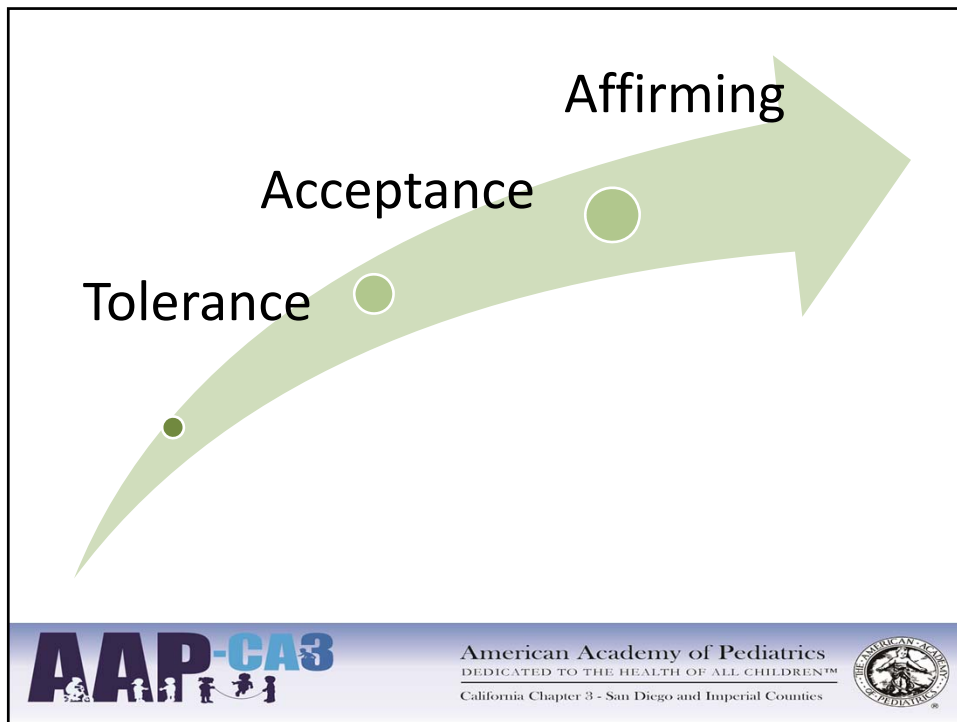
## Safety and Trust is Our Foundation

- What makes you feel safe?
- What makes parents feel safe?
- What makes children feel safe?



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## Staying Open

- Strong Emotions
- What does it tell us?
- Energy in Motion - EMotion

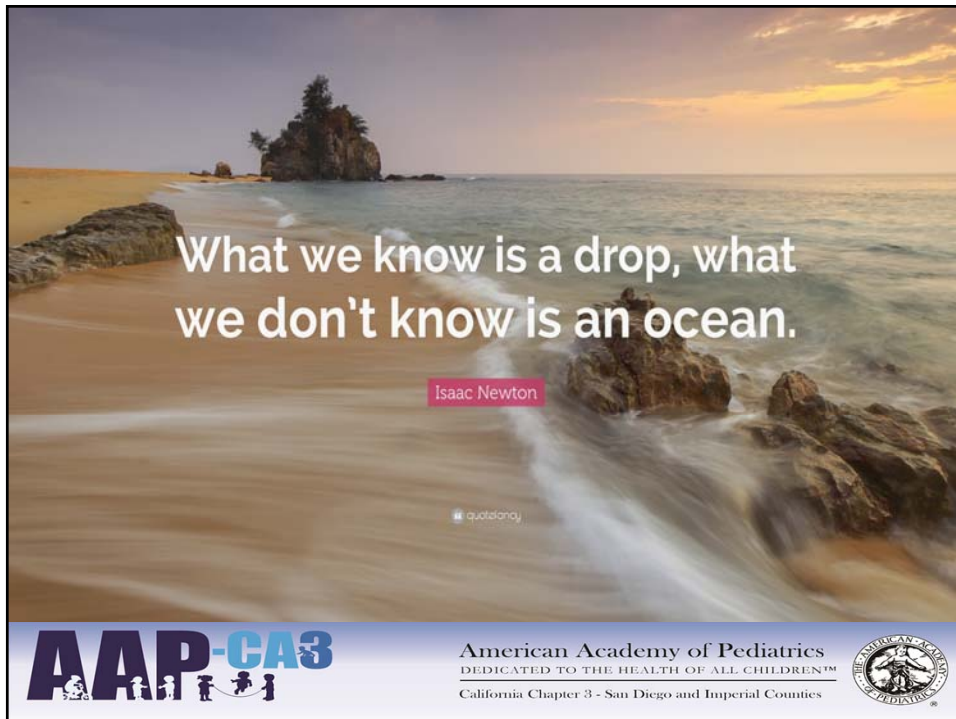


## Earned Safety

- Many of our families have not felt safe and do not trust our systems or providers
- Funny term – Woo back to safety



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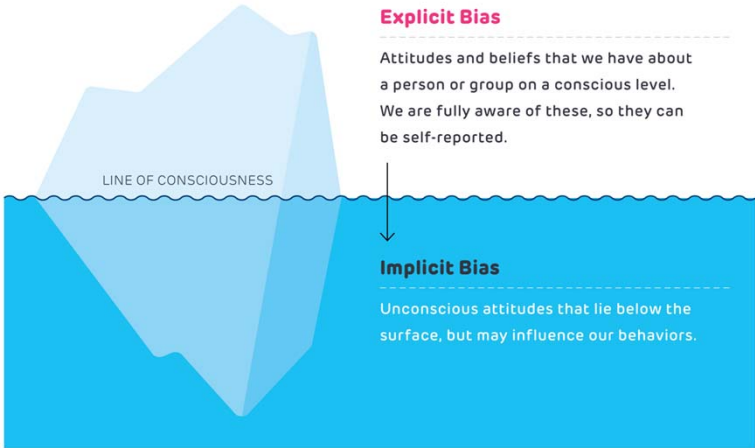
# Cultural Pothole



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# Bias – Explicit and Implicit




**Explicit Bias**  
Attitudes and beliefs that we have about a person or group on a conscious level. We are fully aware of these, so they can be self-reported.

**Implicit Bias**  
Unconscious attitudes that lie below the surface, but may influence our behaviors.

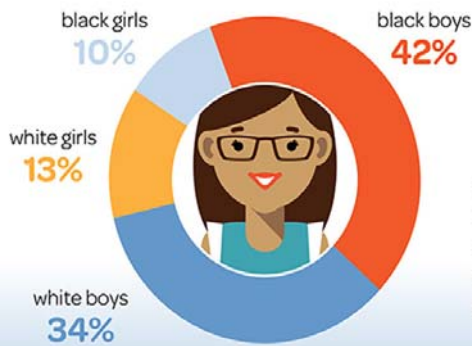
LINE OF CONSCIOUSNESS

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## Implicit Bias Gilliam et al 2016

Track the eyes: Which students are teachers watching?



Preschool teachers tend to more closely observe blacks than whites, especially black boys, when challenging behaviors are expected.



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## Dehumanizing

- Words like “animal” and “infest” perform pernicious political work in any context

“Any time you use any of those metaphors, it’s meant to try to reduce sympathy for a particular group, so people see that group as not deserving of compassion.”



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## Dehumanizing

“One of the common threads of any genocide is its justification. In order to be able to execute it on a mass scale, a lot of people have to buy into it and agree that it’s the appropriate thing to do. And so any genocide begins with the dehumanization process.”

William Donohue, a professor of communication at Michigan State University



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## Self-Awareness

- As clinicians, what are our
  - personal attitudes, beliefs, biases, and behaviors
  - how do they influence (consciously or unconsciously) our care of patients?
  - How do they influence our interactions with professional colleagues and staff from diverse racial, ethnic, and sociocultural backgrounds.



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## Personal Assessment

- Let' stop to reflect on our own beliefs
- Take a look at the questions



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## Eliciting Patient's Health Beliefs

- What do you call your problem (sickness)?
- What name does it have?
- What do you think caused your sickness?
- Why do you think it started when it did?
- What does your sickness do to you? How does it work?
- How severe is it? Do you think it will last a short or long time?



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## Eliciting Patient's Health Beliefs

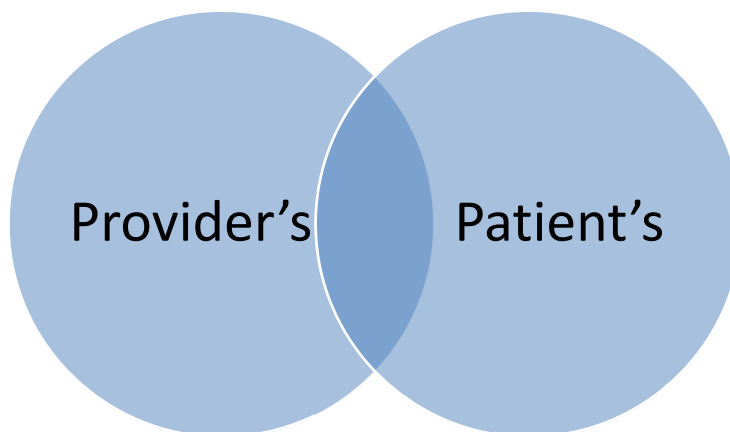
- What do you fear most about your sickness?
- What are the chief problems that your sickness has caused for you?
- What kind of treatment do you think you should receive? What are the most important results you hope to receive from the treatment?
- Arthur Kleinman 1980



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## Overlap of Belief



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## ***LEARN: Guidelines for Health Practitioners***

**L: *Listen*** with sympathy and understanding to the patient's perception of the problem

**E: *Explain*** your perceptions of the problem

**A: *Acknowledge*** and discuss the differences and similarities

**R: *Recommend*** treatment

**N: *Negotiate*** agreement

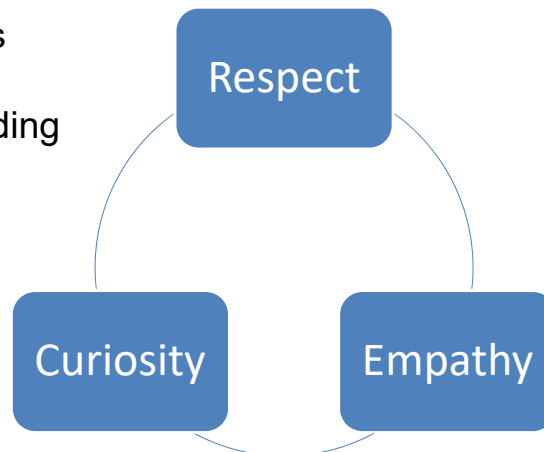


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## **Cycle of Communication**

- Willingness
- Openness
- Understanding



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## Nonverbal Communication



7% Words

38% What  
You Hear

55% What  
You See or  
Feel



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## Non-Violent Communication

- Developed by Marshall Rosenberg beginning in the 1960s
- Based on the idea that
  - all human beings have the capacity for compassion
  - resort to violence when they do not recognize more effective strategies for meeting needs



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## Non-Violent Communication (2)

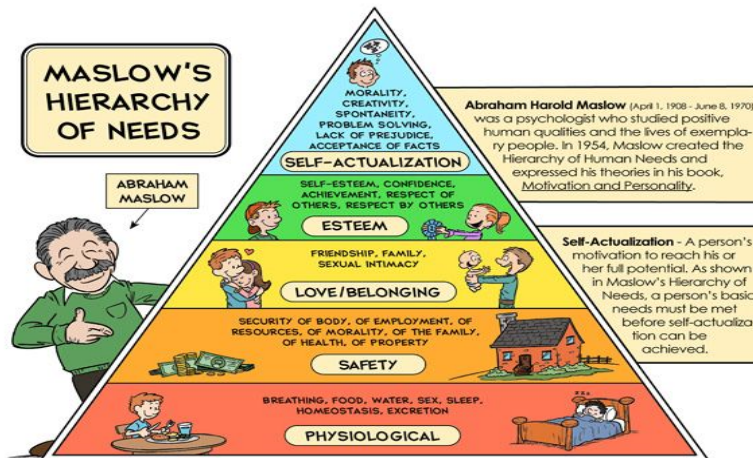
- Habits of thinking and speaking that lead to the use of violence (social, psychological and physical) are learned through culture
  - All human behavior stems from attempts to meet universal human needs
  - Conflict arises when strategies for meeting needs clash
- Supports change on three interconnected levels: with self, with others, and with groups and social systems



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## Limits of Maslow

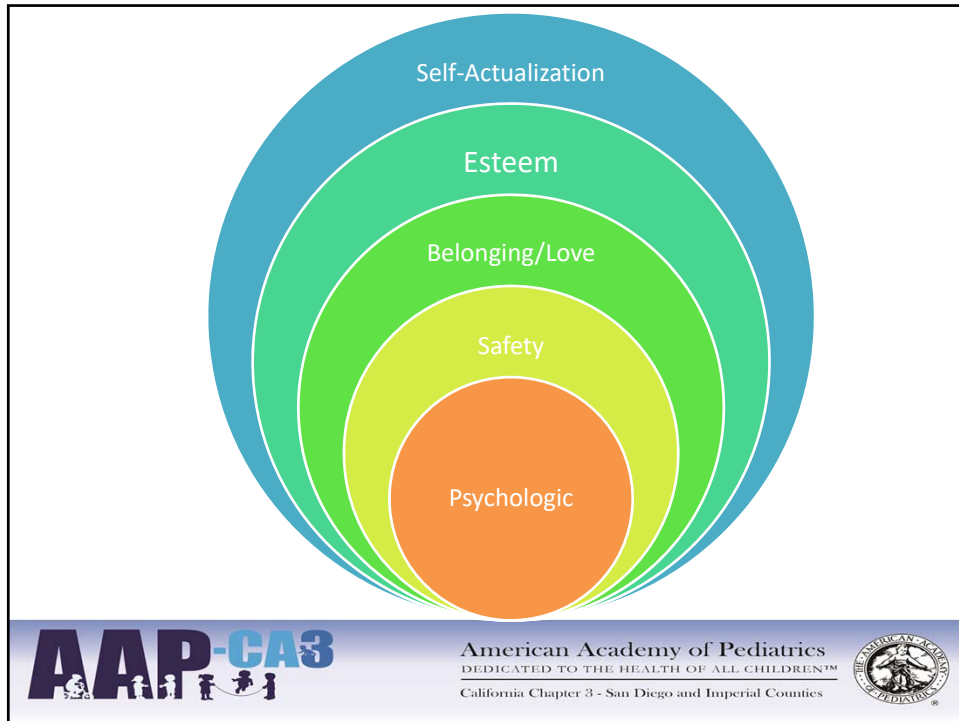


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## Communication - Gender

A grid of 12 individual photographs of people in professional attire, arranged in three rows and four columns. The individuals represent a diverse range of genders and ethnicities. They are shown in various communication-related poses, such as speaking, listening, and gesturing.

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## Walls for Community Groups, Families, Parents, and Children

- Bad First Impressions
- Poor Communication
- Past Experiences
- Family Members' Lack of Self-Confidence
- Providers' Lack of Confidence
- History of Discrimination
- Differing Expectations of Roles
- Lack of Confidence in the System



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## Bridges for Community Groups, Families, Parents, and Children

- Set the expectation
- Learn about the child, family, and community
- Acknowledge a shared values and commitment
- Embrace a strengths-based perspective
- Forge trust
- Encourage reciprocal communication



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## Vulnerability as a Provider

- We are suppose to be the expert
- Assumptions
- Just ask with openness and genuine curiosity
- How does it look to say, “You know, I do not know much about your culture and I am interested in it and you.”



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## Vulnerability as a Parent or Child

- We often forget that our position is perceived as having power
- Question myself
- Rejection
- Humiliation



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## Traumatic Interactions

- Often our families have been traumatized by our best intentions



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## Guilty and Shame

- Shame is a focus on self, guilt is a focus on behavior.
  - Shame is, "I am bad."
  - Guilt is, "I did something bad."
- How many of you, if you did something that was hurtful to me, would be willing to say, "I'm sorry. I made a mistake?"
  - Guilt: I'm sorry. I made a mistake.
  - Shame: I'm sorry. I am a mistake.



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## Loss and Grief

- People fear loss more than change
  - Loss of control
  - Loss of certainty
  - Loss of knowing/being right
  - Loss of competence
  - Loss of comfort
- The pain of grief is compounded by unresolved grief that has not been processed



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## Cultural Genocide

In Native American and Alaska communities, the early efforts at education (Indian Schools) on the part of the American government and religious groups were aimed at eliminating Native cultures, languages, and traditions (Meadow et al)



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## Trust

- Benevolence: The degree to which the other party takes your best interests to heart and acts to protect them
- Reliability: The extent to which you can depend upon another party to come through for you, to act consistently, and to follow through
- Competence: Belief in the other party's ability to perform the tasks required by his or her position
- Honesty: The degree to which the other person or institution demonstrates integrity, represents situations fairly, and speaks truthfully to others
- Openness: The extent to which the other party welcomes communication and shares information



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## Meeting at Common Values

- I want the best for you and your child
- What you value for your child?
- What can we commit to together to meet that value?



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## Making Meaning

“Moment by moment throughout our lifetime, our brains hum with the work of making meaning: weaving together many thousands of threads of information into all manner of thoughts, feelings, memories, and ideas.”

Daniel Tammet



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“Empathy has no script. There is no right way or wrong way to do it. It’s simply listening, holding space, withholding judgment, emotionally connecting, and communicating that incredibly healing message of ‘You’re not alone.’”

– Brené Brown



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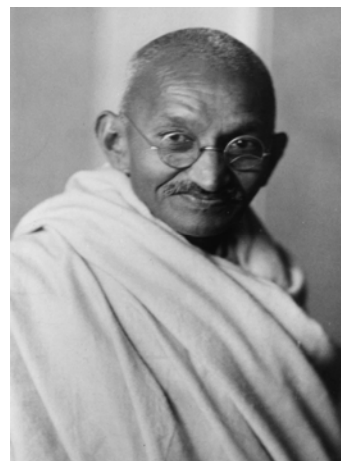


## From Helping to Being in Service

- Hi, I am here to help you!!
- I have so much information to share with you and it will help you!!
- I have treatment that will help you!!



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## Being in Service

- Being of service to something — a person, a group, a community, a cause or a belief — means that you've chosen to engage without expectation of reciprocation
- Being of service requires alignment with your values



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## Sacrifice and Service

- If your choice to be of service is costing you more than you can afford (financial, emotional, physical, spiritual), you need to make a new choice
- Making sacrifices in being of service is a noble and honorable thing to do, unless you do it because you want people to notice how noble or honorable you are



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## Boundaries

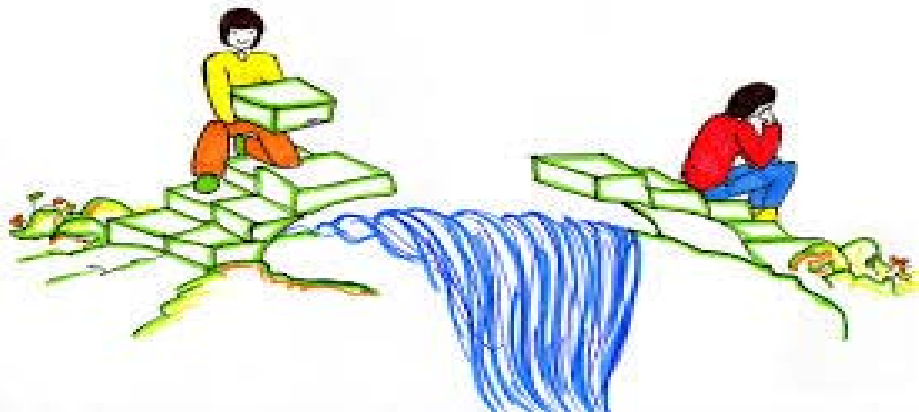
- Boundaries are the places where we meet



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## Your Half of the Relationship



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## Knowing Our Limits

- It is hard to realize that my help is not enough for the person in front of me
- We can fall into the well of hopelessness
- Knowing our role and having colleagues who know our hearts can keep hope burning in us



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## What can we do in the face of suffering?

Our job is not to right or to know everything, but to be the one who is present, open, and attuned for resonance with what is

Dan Siegel, MD – The Mindful  
Therapist



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## Role of a Mother

*A mother has love greater than her  
children's pain*

Traci Gidwani



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## Power of Acknowledgement

- We have talked about pain and strong emotions
- When we acknowledge their feelings and experience, we create the space for resolution



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## Change can happen

- Transforming pain to POWER
- Instill hope
- When care, we can repair



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## Our Role as Providers

We can love our children and families'  
greater than their pain



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