



CULTURAL IMPLICATIONS OF SCREENING

WORKING WITH DIVERSE FAMILIES

LEARNING OBJECTIVES

- Definition of cultural and linguistic competence
- Cultural humility
- Cultural Competence vs Cultural Humility
- Continuum of cultural competency
- Defining diversity: Important terms to know

Working with Diverse Families (10 mins)

- Understanding the issues of screening and cultural implications on families from diverse backgrounds
- Barriers faced by families from diverse backgrounds

The Role of Healthcare Providers (20 Mins)

- Stereotypes, implicit & explicit bias, reframing our language
- Breaking down barriers & the role of healthcare provider
- Supporting families



CULTURAL COMPTENCE



DEFINITION OF CULTURAL COMPETENCE

Cultural competence: is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.

The word **culture** is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word **competence** is used because it implies having the capacity to function effectively.

Linguistic competency: is the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic Competency requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served.

CROSS et al Definition: NCCC

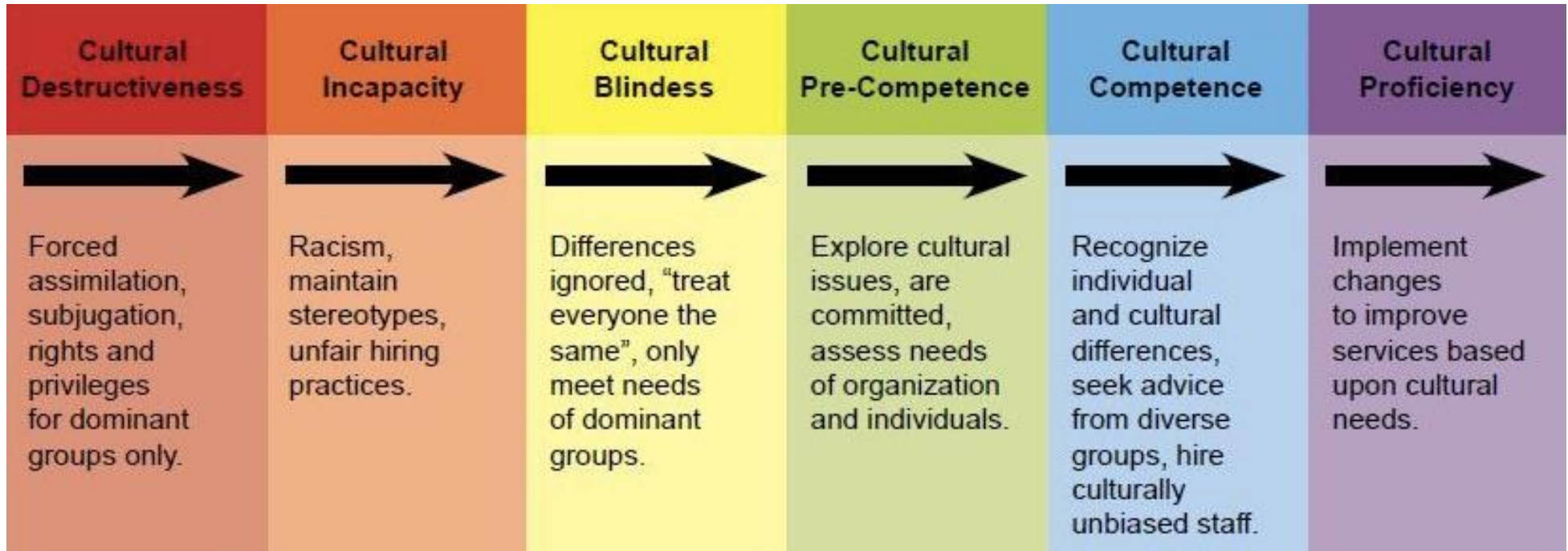


CULTURAL COMPTENCY VS CULTURAL HUMILITY

Cultural humility is the ability to maintain an interpersonal stance that is other-oriented (open to others). It is different from other culturally-based ideals because it focuses on self-humility rather than achieving a state of knowledge or awareness, particularly of a culture to which one does not belong.



CULTURAL COMPETENCE CONTINUUM



DEFINING DIVERSITY

IS



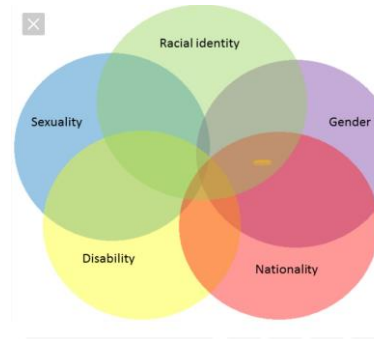
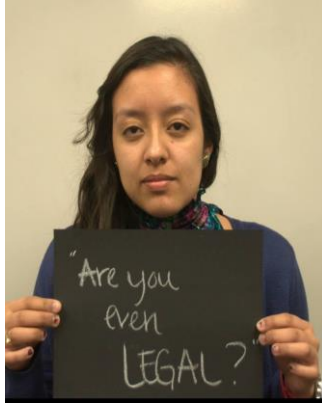
IS NOT

- The condition of having or being composed of differing elements; variety, especially the inclusion of different types of people Merriam Webster Dictionary
- A wide range of abilities, experience, knowledge and and strengths .
- A bad thing
- A 4-letter word, its actually, a 9-letter word!
- Dividing
- Reducing of standards
- Showing favoritism
- The responsibility of one staff person, one org.

Dr Linda Barry. UCHC, 2020



IMPORTANT TERMS



- Stereotypes
- Implicit bias
- Explicit Bias
- Microaggressions
- Intersectionality



THE ISSUE WITH SCREENING

Children from racially/ethnically diverse backgrounds are less likely to:

- Be screened early
- Have follow-up evaluations when they “fail” a screen
- Get an early diagnosis
- Access early services

Median age of 1st evaluation for Autism Spectrum Disorders (ASD):

- Whites: 38 months
- African-Americans: 40 months +
- Latinos: 43 months +

Prevalence:

Non-Hispanic white children were 30% more likely to be identified with ASD than non-Hispanic Black children & 50% more likely to be identified than Hispanic children

Data sources: Massachusetts Act Early: Considering Culture in Autism.
HRSA: National ASD Data

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THE ISSUE WITH SCREENING

- Immigrant families may not have the familiarity with ASD/I/DD or any other diagnosed conditions that many English-Speaking families have. Why? They may not have known of any children in their native country with an intellectual or developmental disability. Why?
- Expectations for language development and other skills of independence may differ in their culture. It may be considered "normal" by two-year old's, to lack language or more elaborate play
- In some cultures, the word "evaluation" and/or "research" may have negative meanings and met with mistrust.



BARRIERS FACED BY FAMILIES FROM DIVERSE BACKGROUNDS



- Screening is culturally sensitive
- Parent perspective on screening is impacted
- Misdiagnosis
- Stigma, Taboo, Curse



BARRIERS

- Limits on language access
- Limits on immigrant eligibility
- Lack of cultural diversity among providers
- Lack of awareness of resources
- Intimidated by anti-immigrant rhetoric
- Scared/hesitant to talk to their child's provider



BARRIERS: RACIAL & SOCIAL INJUSTICE

SYSTEMIC RACISM

https://youtu.be/YrHIQIO_bdQ

PATH CT VIDEO SERIES: Understanding Racial and Social Injustice

Episode #1: Intro on racism and why Black Lives Matter

<https://youtu.be/FRQDAPL3bno>



Episode # 2: Youth dealing with racism:

<https://youtu.be/RmRDc1X3IA4>



Episode # 3: Mama's Circle - Part 1:

<https://youtu.be/7LGWtgyMvmQ>



Episode #3 Mama's Circle - Part 2:

https://youtu.be/-u1_MqQdQM8

Episode #4 Dads Roundtable Discussion

<https://youtu.be/msORBzVowaE>



BARRIERS: HEALTH DISPARITIES

Health Disparities

- Health disparities are differences in the incidence, prevalence, morbidity and mortality that exist among specific population groups.

Inequity vs. inequality

- Health **inequity**: unjust differences in health between persons of different social groups; a normative concept
- Health **inequality**: observable health differences between subgroups within a population; can be measured and monitored

YOUTUBE VIDEOS ON HEALTH DISPARITIES

<https://youtu.be/T2mirYemCmo>

<https://youtu.be/j-zdXa8UXDg>

https://youtu.be/M1vM_ywbUfc



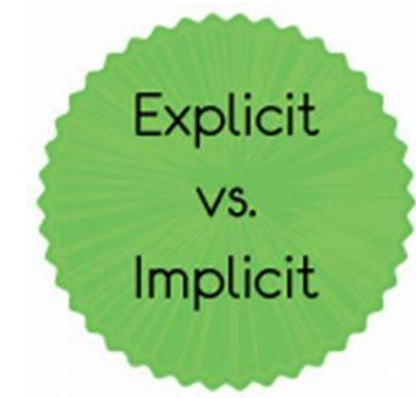
IMPLICIT BIAS vs EXPLICIT BIAS

Implicit Bias

The unconscious attribution of particular qualities to a member of a certain social group. Implicit stereotypes are shaped by experience and based on learned associations between particular qualities and social categories, including race and/or gender.

Explicit Bias

The attitudes and beliefs we have about a person or group on a conscious level. Much of the time, these biases and their expression arise as the direct result of a perceived threat.



BARRIERS FACED BY PEOPLE WITH INTERSECTING IDENTITIES

SYSTEMIC RACISM

- Lack of awareness of racial and ethnic disparities in healthcare
- Lack of skills and knowledge of culturally competent care
- Unequal treatment due to implicit bias, stereotyping and prejudice
- Trust of healthcare system due to historical systemic injustices

DISABILITIES

- Lack of provider awareness of disabilities
- Stereotypes and biases of individuals with disabilities that could cloud judgement & treatment
- Ableism, racism and other “ism’s” led to discrimination during Covid-19 Pandemic



IMPLICIT BIAS IN HEALTHCARE

Michael Hickson: (Google for full story)

- Austin Hospital Withheld Treatment from Disabled Man Who Contracted Coronavirus: Ho withheld treatment including hydration and nutrition for 6 days.
- Mrs. Hickson was told treatment was withheld because “he doesn’t have much of a quality of life”
- She was not able to talk to him much after one call that was allowed via FaceTime. To her he appeared very sick.
- Mrs. Hickson was not notified of his death until the morning after his remains were transported to a funeral home.
- **Why are disabled people considered to have a poor quality of life?** Mrs. Hickson asked.
- Every effort that Mrs. Hickson made to advocate for her husband was disregarded.
- Mr. Hickson was a **Black disabled man**
- Mr. Hickson became a quadriplegic in 2017 after a sudden cardiac arrest incident while driving his wife to work one morning. He had been in and out of hospitals, rehabilitation facilities, and home for the last three years
- **His life was not valued.**



THE ROLE OF HEALTHCARE PROVIDERS

Didactic: Meet “Miriam”



Female: Pregnant: Comes to the ED for unidentified illness, has a high fever. Upon examination is discovered to be pregnant approximately 30 weeks. Is subsequently admitted to hospital to check on baby etc. Further interviews reveals that Mom is a visitor to the United States attending a conference with a group of about 30 other foreign nationals. She became ill during the event and was directed to seek medical attention at the nearest Emergency Dept.

Ultrasound and other testing ordered and reveals baby to have a diagnosis of Spina Bifida. Mom is informed and further interview reveals she did not seek regular prenatal visits in her home country and was unaware of baby's diagnosis. She does not understand what Spina Bifida is and when she is advised that the best thing for the baby is immediate surgery, she screams inconsolably and utters out: " Oh my God, Oh my God, I am cursed, they are going to kill my baby!!!" She is inconsolable and utters the same words several times and all through the next several days through admission and surgery, causing her to be placed on a safety watch.

Subsequently, a referral to DCF is made, the baby is removed Miriam is informed that she will not have access to the baby without DCF involvement.

Discussion questions

Were there any biases at play here? If so, what?

Were cultural norms/beliefs/taboo considered?

What could have been done to make this situation better for Miriam and her baby?



THE ROLE OF HEALTHCARE PROVIDERS



- How can we encourage underserved/immigrant parents to get their children screened?
- If screening reveals an issue, take the time to explain but also listen to concerns
- If there is a need for follow-up and evaluation, ensure that they follow up by supporting their needs.



THE ROLE OF HEALTHCARE PROVIDERS

- Families have the greatest interest in ensuring that their loved one and family's services meet their needs, and the most to gain in improving services and outcomes
- Individuals and their families can be powerful partners in their care
- So, it is critical to provide health messages to diverse families in ways that they understand and in a manner that considers culture



HOW? WHAT?

Before we proceed, we must consider:

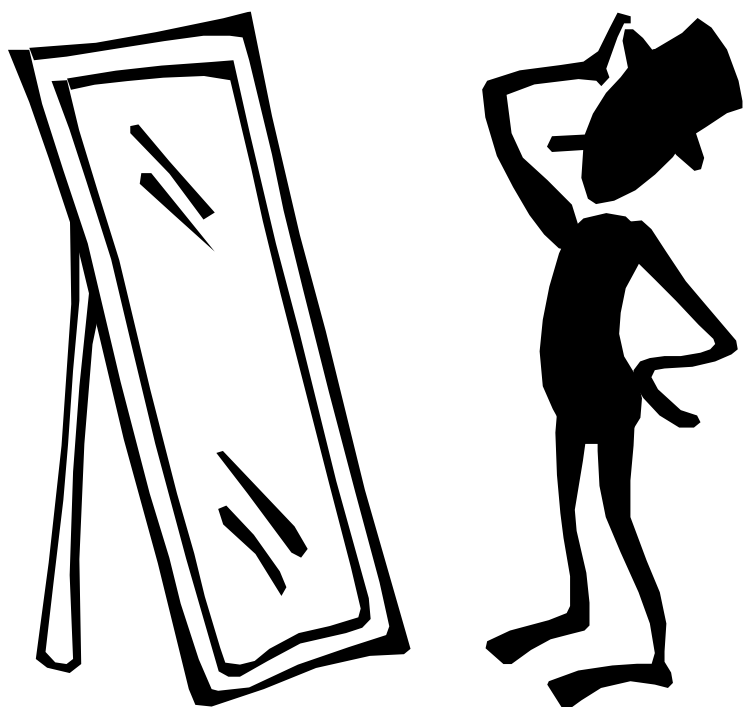
STEREOTYPES

IMPLICIT BIAS

REFRAMING



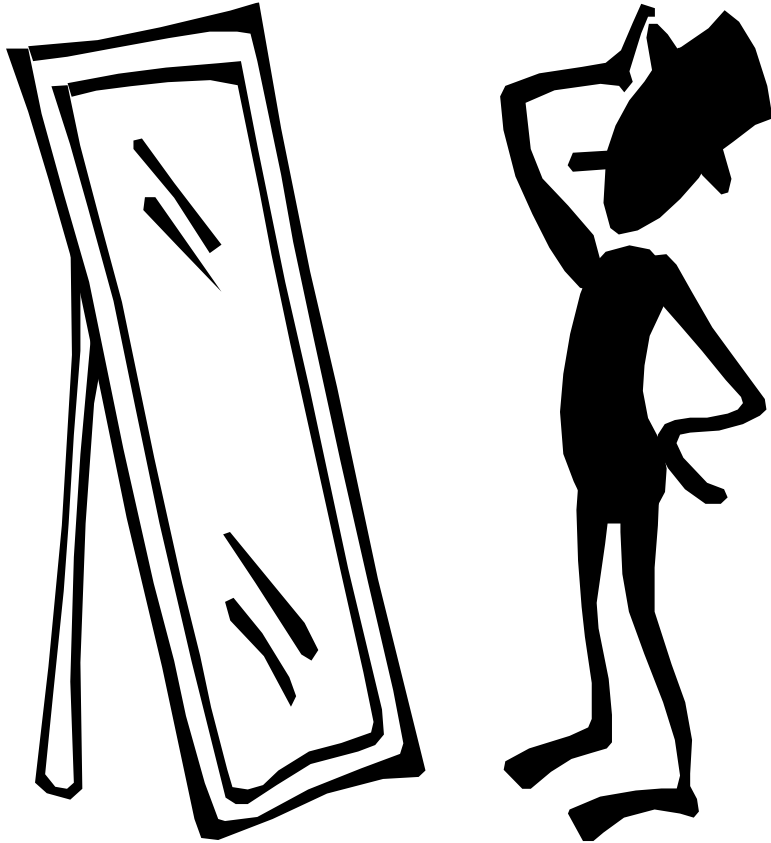
LOOKING WITHIN: Cultural Self-Assessment



- Start with YOU, look in the mirror
- Understand who YOU are
- When it comes to culture and supporting families, what makes you uncomfortable?
- How can you overcome these obstacles?



LOOKING WITHIN: Personal/Implicit Bias



- Take a Self-reflective look
- Consider your ways, thoughts, opinions, bias, behaviors and how that affects the way you treat others.
- Ask your self -“ why do I feel that way? Am I considerate of others? In what ways am I accountable for my actions? What can I do to change the way I feel?
- First be accountable for your actions before expecting others to be accountable for theirs
- Remember when you point a finger at someone....3 fingers are pointing back at you.



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STEREOTYPES


Stereotypes are snap judgments we make about a person or about a thing that can influence our decision-making



- What are some stereotypes people have about your “group”?
- How does that make you feel?
- Does this affect the way you react towards others?



REFRAMING OUR LANGUAGE

- Reframing: Restating a negative word and making it more positive
 - Reframing is a powerful tool to help us begin changing our mindset by changing our language
 - Reframe the following sentences
- 
- They are unreasonable
 - They look down on women
 - They are lazy
 - They are never on time
 - They don't plan ahead
 - They have too many kids
 - They are in denial about their problem



THE ROLE OF HEALTHCARE PROVIDERS

- Help patients to understand importance of screening & follow-through to diagnosis
- Direct outreach & assistance to diverse individuals with similar backgrounds/languages
- Collaboration with parent organizations like Family Voices, P2P USA, other community-based organizations & cultural brokers
- Seek professional development opportunities
- Connect to culturally & linguistically appropriate services including medical homes
- Build capacity of families to advocate at the individual, program & system level



THE ROLE OF HEALTHCARE PROVIDERS

- One size does not fit all
- Recognize diversity among cultures, such as, the importance an elder family member making decisions pertaining to care regardless of age of client.
- Be aware of non-verbal communication for signs of difficulty
- Match gender and same country whenever possible to ensure best understanding of cultural norms and taboos



WHAT HAVE LEARNED??

Families/individuals are more motivated and will be great partners when:

- They are supported;
- When they are listened to;
- When their culture & language is considered and respected and
- When they are connected to others who have who have experienced their challenges.
- Healthcare providers will have success when they consider their patients as equal partners in their care.
- **BE THE BRIDGE!**



CULTURAL COMPETENCE GROWTH

Knowledge
+ Action
= Power

- Consider professional development opportunities
- Explore self assessment tools
- Learn how to reframe your language
- Stop, LISTEN
- Seek out partners, collaborate!!!



THANK YOU!!

**For more information on this and other
Cultural Competence & Awareness Training.**

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PATH Parent to Parent/Family Voices of CT



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