

# Advancing Cultural and Linguistic Competence in Human Services: What will it take?

Tawara D. Goode & Vivian H. Jackson  
Georgetown University National Center for Cultural Competence  
Georgetown University Center for Excellence in Developmental Disabilities  
Center for Child and Human Development  
Georgetown University Medical Center

June 9, 2021



GEORGETOWN UNIVERSITY  
Georgetown University Medical Center



# OBJECTIVES

Participants will be able to:

1. Define culture and describe its multiple dimensions.
2. Define cultural diversity and describe factors that influence cultural diversity among individuals and groups.
3. Describe a conceptual framework for cultural competence.
4. Define linguistic competence and related legal mandates.
5. Apply these frameworks to their roles and responsibilities in disability and aging services.
6. Cite ways cultural and linguistic competence promote racial equity.



We can't really talk about cultural competence without first having a solid understanding of ...





# Vignette

1



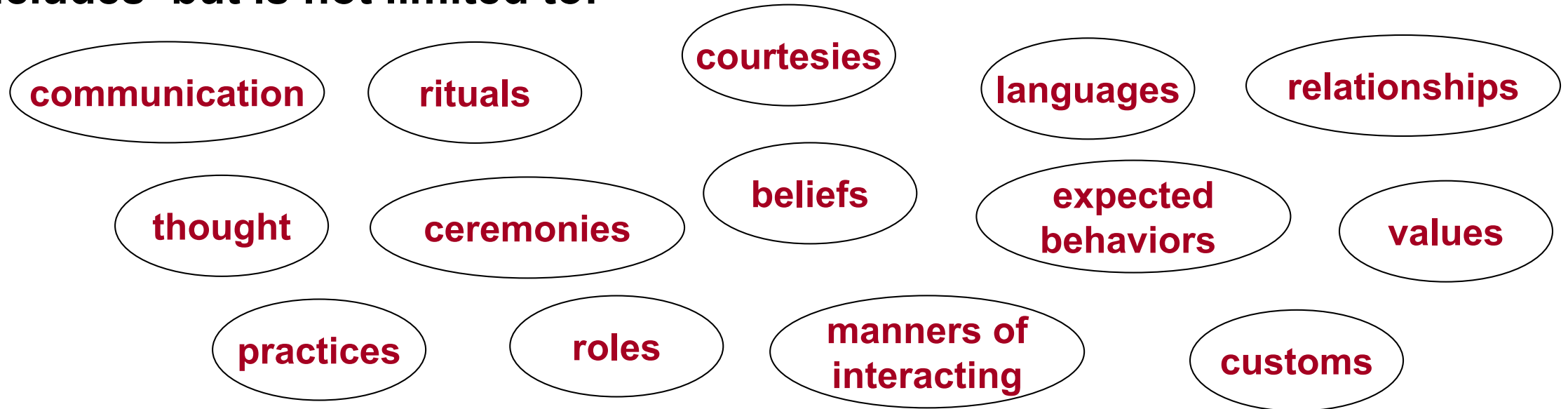
# VIGNETTE

A Native elder's health has been on a steady decline and he was recently admitted to a nursing facility. Since his admission to the facility, he has become agitated and refused to speak his native language to his family. His family is very concerned because he always stressed how it was important to preserve and speak their native language. As an elder, he taught his family members, especially his grandchildren, as well as other members of the tribal community to speak their native language. The elder and his family want to have a traditional healing ceremony. Staff feel he is too fragile to travel for a ceremony. Staff informed the family that the ceremony could not be conducted at the facility because it involves smudging which would be a violation of standards and rules.

- 
- What are the cultural factors in this scenario?
  - What cultural factors might explain the Native elder's agitation and refusal to speak his native language?
  - What would you do as a staff involved in the care of this
  - elder?



***Culture is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. It includes but is not limited to:***



**Culture applies to racial, ethnic, religious, political, professional, and other social groups. It is transmitted through social and institutional traditions and norms to succeeding generations. Culture is a paradox, while many aspects remain the same, it is also dynamic, constantly changing.**

# CULTURE IS ...

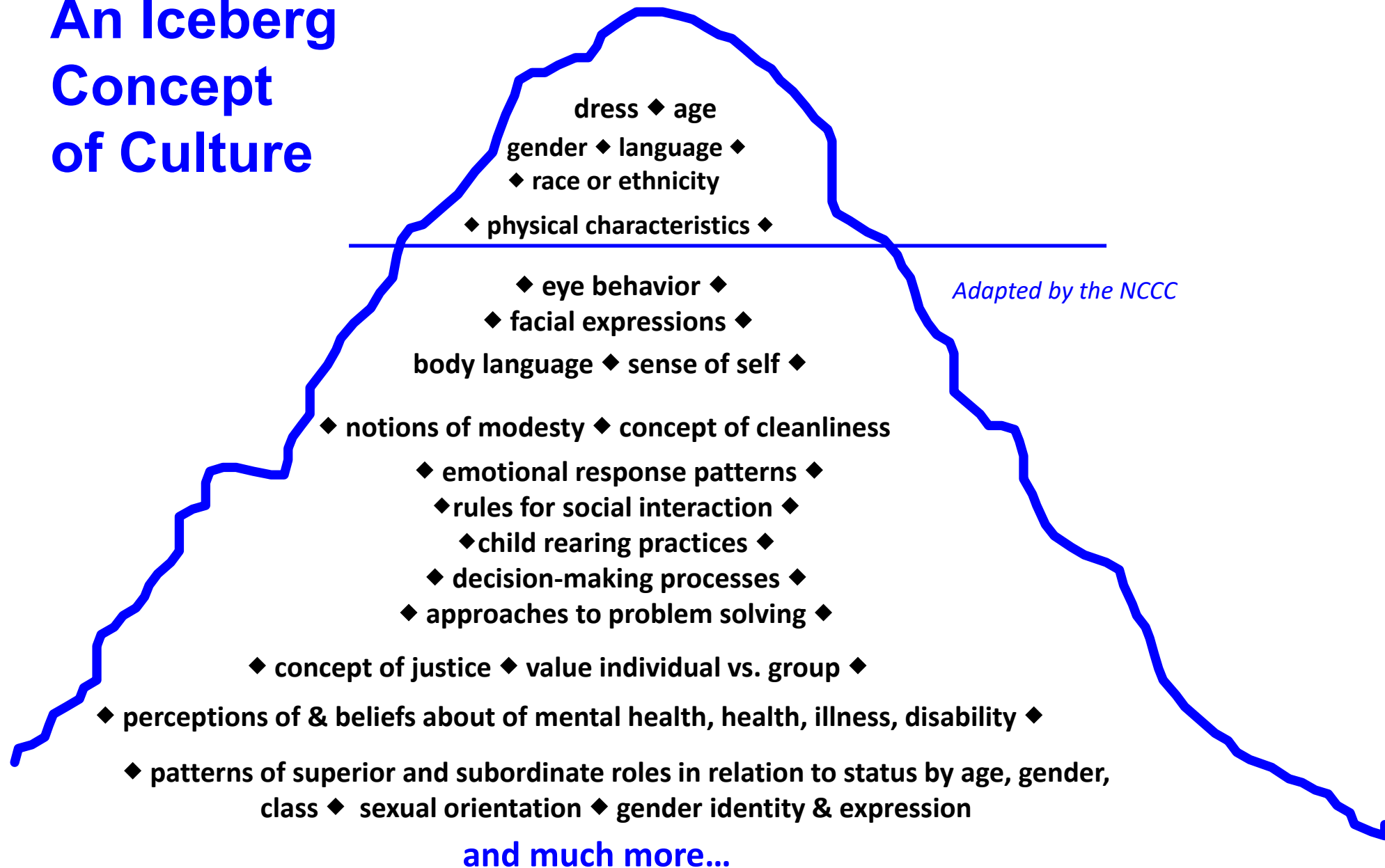
Comprised of beliefs about reality, how people should interact with each other, what they know about the world, and how they should respond to the social and material environments in which they find themselves.

Reflected in religion, morals, customs, politics, technologies, and survival strategies of a given group. It affects how groups work, parent, love, marry, and understand health, mental health, wellness, illness, disability, and end of life.

Data Source: Gilbert, J., Goode, T. D., & Dunne, C. (2007). *Cultural awareness*. From the *Curricula Enhancement Module Series*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.



# An Iceberg Concept of Culture



**A Age**  
**D Disability** (congenital)  
**D Disability** (acquired)  
**R Religion** (spirituality or no affiliation)  
**E Ethnicity** (or race)  
**S Social economic status/class**  
**S Sexual orientation**  
**I Indigenous heritage**  
**N National origin**  
**G Gender** (gender identity & expression)

## THE HAYS ADDRESSING Model

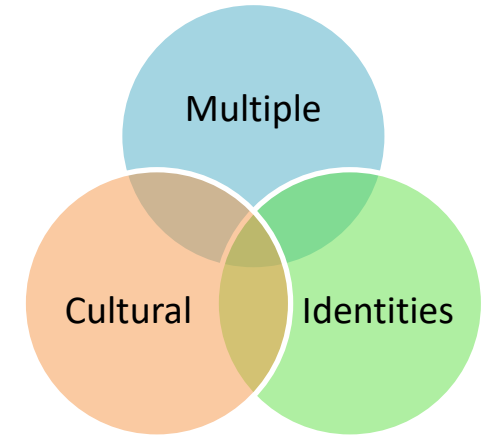
Addressing cultural  
complexities in practice:  
A framework for clinicians and  
counselors

&  
Addressing the complexities of  
culture and gender in  
counseling

# MULTIPLE CULTURAL IDENTITIES

The extant literature indicates that we as human beings have multiple cultural identities that can be grouped as follows.

- Categorization – people identify with one of their cultural groups over others
- Compartmentalization – individuals maintain multiple, separate identities within themselves
- Integration – people link their multiple cultural identities



Sources:

Seth J.J. Schwartz, Koen Luyckx , and Vivian L.K. Vignoles (Eds.) Handbook of Identity Theory and Research. Springer. 2001.

Verónica Benet-Martínez and Ying-yi Hong (Eds.) The Oxford Handbook of Multicultural Identity. Oxford University Press. 2014.

Chao, G.T., & Moon, H. The Cultural Mosaic: A Metatheory for Understanding the Complexity of Culture. Journal of Applied Psychology 2005, Vol. 90, No. 6, 1128–1140

Yampolsky MA, Amiot CE, & de la Sablonnière, R. (2013). Multicultural identity integration and well-being: a qualitative exploration of variations in narrative coherence and multicultural identification. Front. Psychol. 4:126.doi: 10.3389/fpsyg. 2013.00126

# MULTIPLE CULTURAL IDENTITIES THROUGH THE LENS OF ANDY ARIAS

*“I come to the table with my LGBTQ-ness, my Hispanic-ness, and my disability. Neither overshadows the other, neither is more important than the other. They are all part of who I am as a person.”*



# Intersectionality



Kimberlé Crenshaw, a lawyer and civil rights advocate, introduced us to the term *intersectionality* in 1991. She wrote about how a person who because of their membership in multiple social groups may experience discrimination, oppression, and marginalization. Her work focused on Black women.

Since her original work was published in 1991, the term intersectionality is used in many ways, by many people including disability organizations. Sometimes those who use the term intersectionality confuse it with multiple cultural identities and they leave out the important issues of discrimination, marginalization, and oppression.

Many people with disabilities experience intersectionality.

Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, Vol. 43, No. 6 (Jul., 1991), pp. 1241-1299.



## INTERSECTIONALITY THROUGH THE LENS OF ANDY ARIAS

*“From childhood through adult life, I experience stereotyping, marginalization, and discrimination because of my LGBTQ-ness, my Hispanic-ness, and my disability.”*



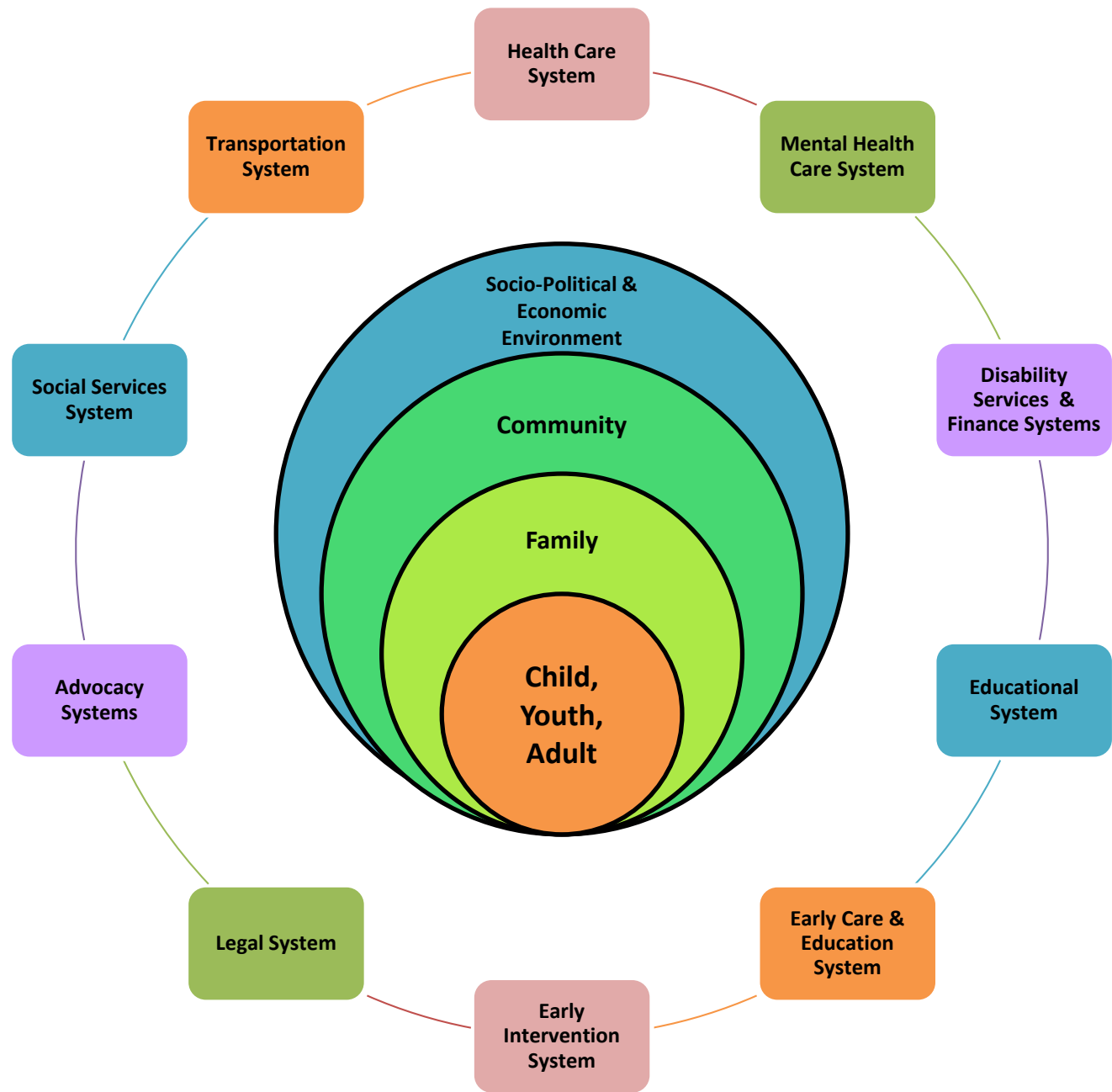
# POLLING QUESTIONS

---

1. To what extent do you take multiple cultural identities into consideration in your work with:
  - persons with disabilities?  
 Most of the time    some of the time    seldom    never
  - older adults?  
 Most of the time    some of the time    seldom    never
  
2. To what extent do you take intersectionality into consideration in your work with:
  - persons with disabilities?  
 most of the time    some of the time    seldom    never
  - older adults?  
 Most of the time    some of the time    seldom    never



# Convergence of Cultural Contexts



# Cultural Influences on Beliefs and Practices Related to Access and Utilization of Disability & Aging Supports and Services

---

- Reliance on traditional remedies and healers
- Culture-bound syndromes
- Delaying access to care
- Historical mistrust of health care, mental health, education, and social service professionals
- Experiences of racism, discrimination, and bias
- Cultural and linguistic barriers
- Stigma



# IMPORTANT THINGS TO REMEMBER ABOUT CULTURE

- Culture is what we learn about ourselves and others from the time when we are born.
- Culture includes how we think, talk, and behave with others.
- Many times we think about and only see our own culture. It may be hard for us to see things the way another person may see or experience them.



culture

culture

culture

culture

culture

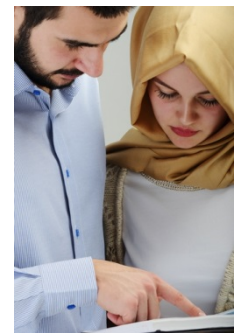
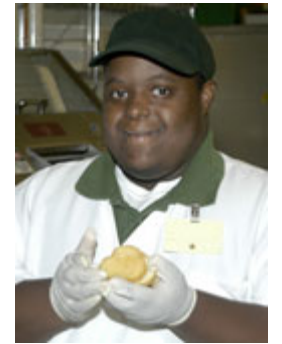
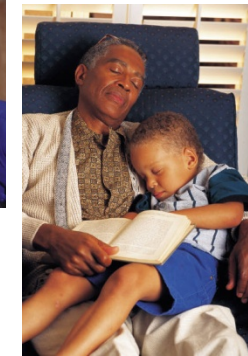
**Rule # 1**  
**Have a solid**  
**appreciation for and**  
**understanding of**  
**culture – both your**  
**own and others.**





# Cultural Diversity

The term *cultural diversity* is used to describe differences in ethnic or racial classification & self-identification, tribal or clan affiliation, nationality, language, age, gender, sexual orientation, gender identity or expression, socioeconomic status, education, religion, spirituality, physical and intellectual abilities, personal appearance, and other factors that distinguish one group or individual from another.



# Current and emerging demographic trends in



# Minnesota





# Top 10 Countries of Birth of Lawful Permanent Residents in Minnesota in 2019

**Total**

**13,833**

Mexico

**1,630**

Somalia

**1,171**

Kenya

**1,057**

Ethiopia

**1,051**

India

**645**

Liberia

**590**

Vietnam

**566**

China, People's Republic

**476**

Philippines

**440**

Nigeria

**326**



Data Source: U.S. Department of Homeland Security, Yearbook of Immigration Statistics: 2019 Legal Permanent Residents, Supplemental Table 1 – Persons Obtaining Legal Permanent Resident Status by State or Territory of Residence and Region or Country of Birth: Fiscal Year 2019





# ACS 2019 Minnesota Demographic Estimates

By One Race, and By Hispanic or Latino and Race

Total Population = 5,639,632

RACE	NUMBER	Percent of POPULATION
One Race	5,453,049	96.7%
White	4,627,588	82.1%
Black or African American	370,291	6.6%
American Indian or Alaska Native	57,414	1.0%
Asian	285,630	5.1%
Native Hawaiian & Other Pacific Islander	2,753	0.0%
Some Other Race	109,373	1.9%
Two or More Races	186,583	3.3%
<b>HISPANIC OR LATINO AND RACE</b>		
Hispanic or Latino of any Race	314,217	5.6%



# ACS 2019 Minnesota Disability Characteristics

## Disability defined as:

- Hearing difficulty
- Vision difficulty
- Cognitive difficulty
- Ambulatory difficulty
- Self-care difficulty
- Living Independent difficulty

## Varies by Age Grouping

< 5 years	=	0.8%
5-17 years	=	5.6%
18-34 years	=	6.2%
35-64 years	=	11.5%
65-74 years	=	26.4%
> 75 years	=	50.6%

**Total Minnesota Population = 5,580,828**

**Estimated Non-institutionalized Population with a Disability = 604,779 (10.8%)**

[Margin of error = +/- 0.2]

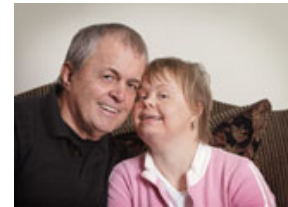
RACE	NUMBER	Percent of POPULATION
White	504,705	11.0%
Black or African American	40,809	11.3%
American Indian or Alaska Native	9,963	18.1%
Asian	18,568	6.5%
Native Hawaiian & Other Pacific Islander	844	3.7%
Some Other Race	9,419	8.7%
Two or More Races	20,471	11.0%
<b>HISPANIC OR LATINO AND RACE</b>		
Hispanic or Latino of any Race	24,032	7.7%



# ACS 2019 Age by Disability and Poverty Status in Minnesota

Civilian noninstitutionalized population for whom poverty status is determined = 5,511,696

AGE GROUP	ESTIMATED NUMBER WITH A DISABILITY	ESTIMATED NUMBER LIVING BELOW POVERTY LEVEL
All age groups		
< 5 years	3,131	335
5 – 17 years	46,423	10,959
18 – 34 years	81,539	21,284
35 – 64 years	207,836	49,394
65 – 74 years	106,599	14,350
> 75 years	153,586	15,277



## Disability defined as:

- Hearing difficulty
- Vision difficulty
- Cognitive difficulty
- Ambulatory difficulty
- Self-care difficulty
- Living Independent difficulty



# Religious Traditions (2010) - Minnesota

Religious Tradition	Number of Adherents*	Example(s)
Evangelical Protestant	744,910	Assemblies of God
Black Protestant**	16,396	African Methodist Episcopal
Mainline Protestant	974,156	Evangelical Lutheran
Orthodox	8,057	Greek Orthodox
Catholic	1,150,367	Catholic
Other	92,564	Church of Jesus Christ of Latter-Day Saints Judaism, Hinduism
Unclaimed	2,317,475	Not counted in the 236 religious groups reporting

\**Adherents* – full members, their children and other who regularly attend services.

\*\* 2010 reports are incomplete counts of the eight largest historically African American denominations.

Data Source: The Association of Religion Data Archives (THEARDA).[www.thearda.com](http://www.thearda.com). County Membership Maps. 2010 data were collected by the Association of Statisticians of American Religious Bodies and include statistics for 236 religious groups, providing information on the number of their congregations and adherents within each state and county in the US.

# Cultural Factors That Influence Diversity Among Individuals and Groups

---

---

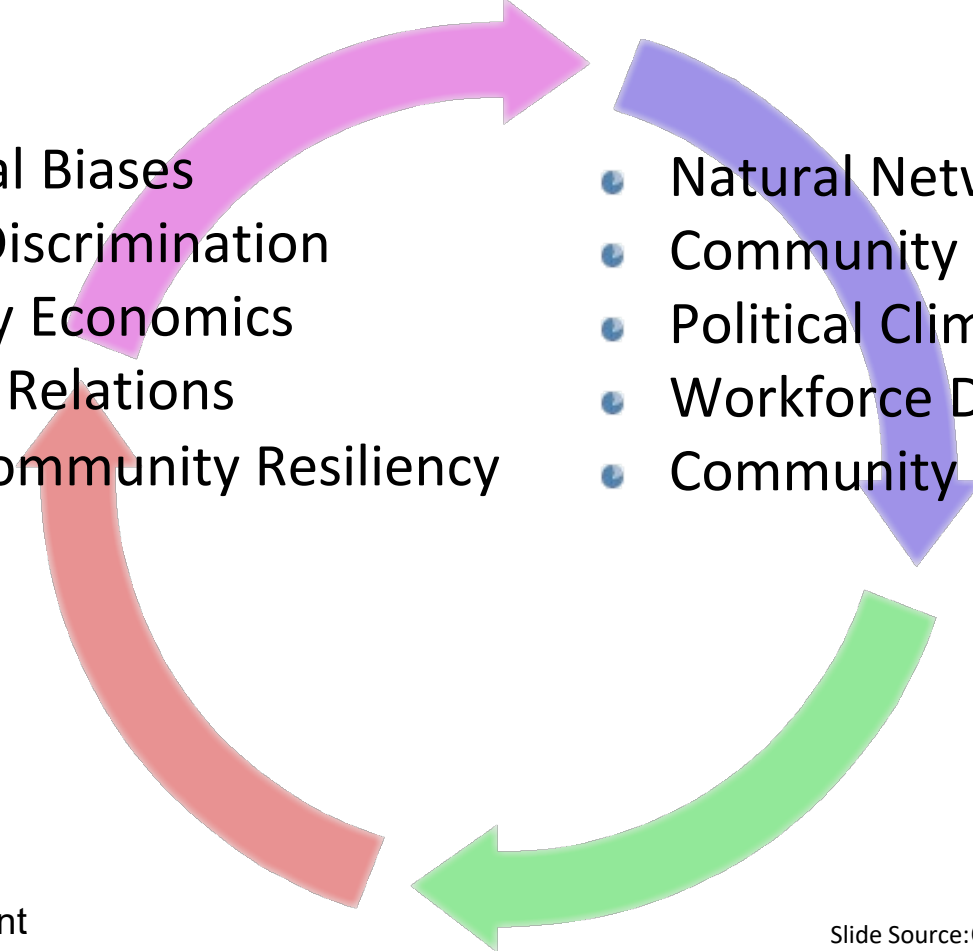
## Internal Factors

- 
- Cultural/Racial/Ethnic Identity
  - Tribal Affiliation/Clan
  - Nationality
  - Acculturation/Assimilation
  - Socioeconomic Status/Class
  - Education
  - Language
  - Literacy
  - Family Constellation
  - Social History
  - Military Status
  - Perception of Time
  - Health Beliefs & Practices
- Health & Mental Health Literacy
  - Beliefs about Disability or Mental Health
  - Lived Experience of Disability or Mental Illness
  - Age & Life Cycle Issues
  - Gender, Gender Identity & Expression
  - Sexual Orientation
  - Religion & Spiritual Views
  - Spatial & Regional Patterns
  - Political Orientation/Affiliation

# Cultural Factors That Influence Diversity Among Individuals and Groups

---

## External Factors

- 
- Institutional Biases
  - Racism & Discrimination
  - Community Economics
  - Intergroup Relations
  - Group & Community Resiliency
  - Natural Networks of Support
  - Community History
  - Political Climate
  - Workforce Diversity
  - Community Demographics

culture

culture

culture

culture

culture

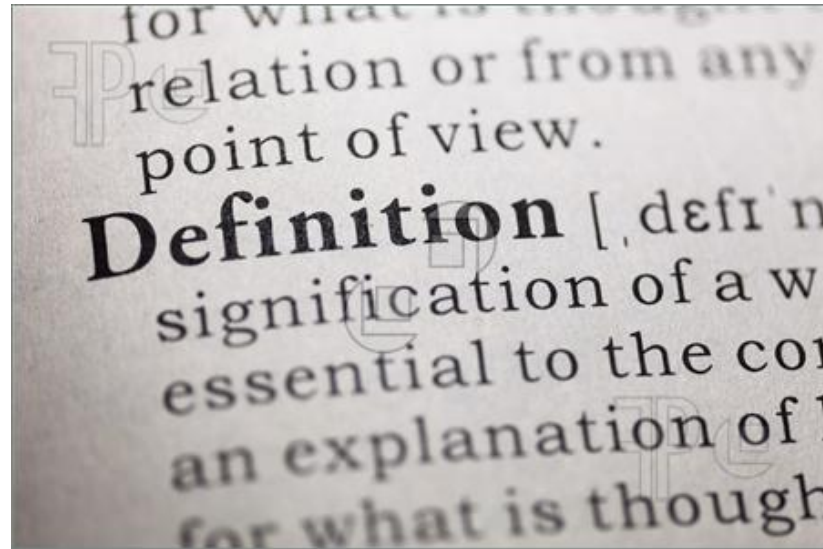
## Rule # 2

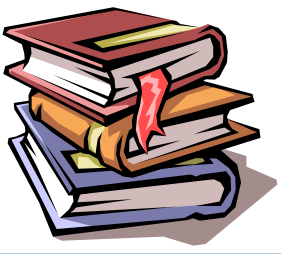
**Recognize, respect, and respond to the within group differences among all persons with disabilities across the life course and their families.**



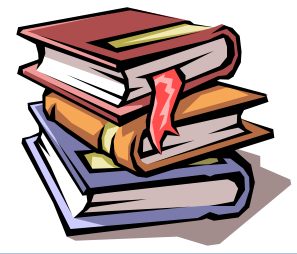
# Definitions and Conceptual Frameworks

## Cultural Competence





# Are we on the same page?



**culturally aware**

**cultural humility**   **culturally relevant**

**cultural sensitivity**

**culturally competent**

**culturally appropriate**

**culturally effective**

**cultural dexterity**

**cultural proficiency**

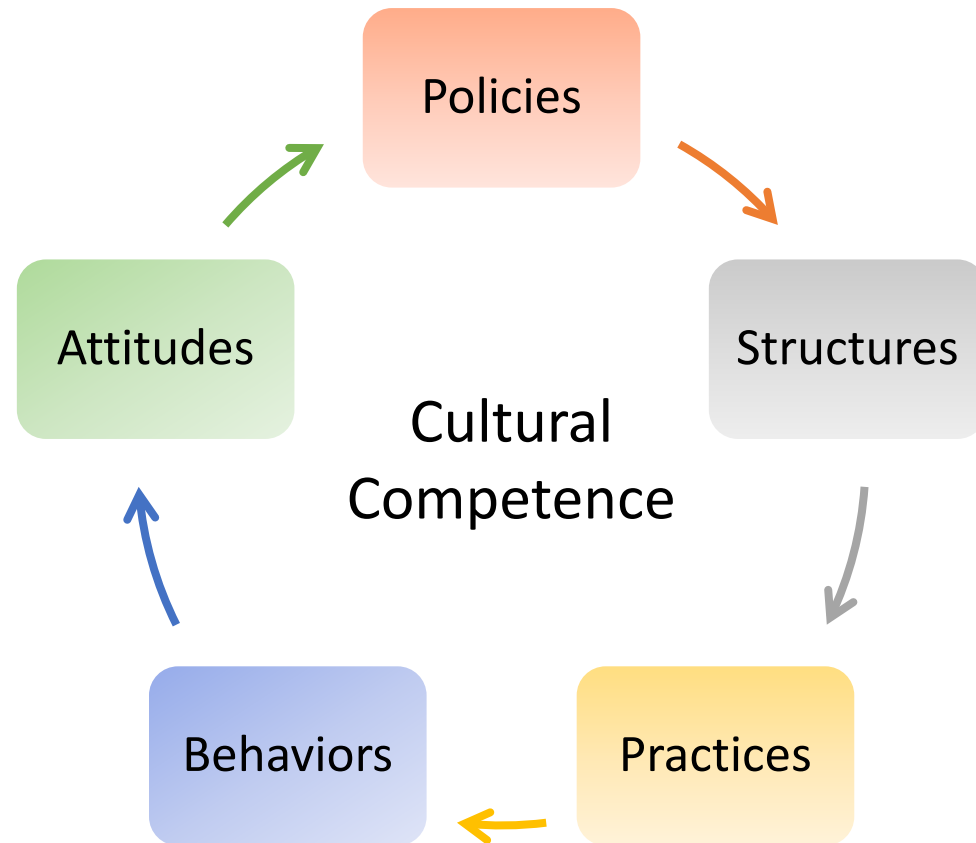
**cultural responsiveness**

**culturally & linguistically competent**

**multicultural competence**



# Cultural Competence Conceptual Framework



Cultural competence requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally.

(Adapted from Cross, Bazron, Dennis & Isaacs, 1989)



# Five Elements of Cultural Competence

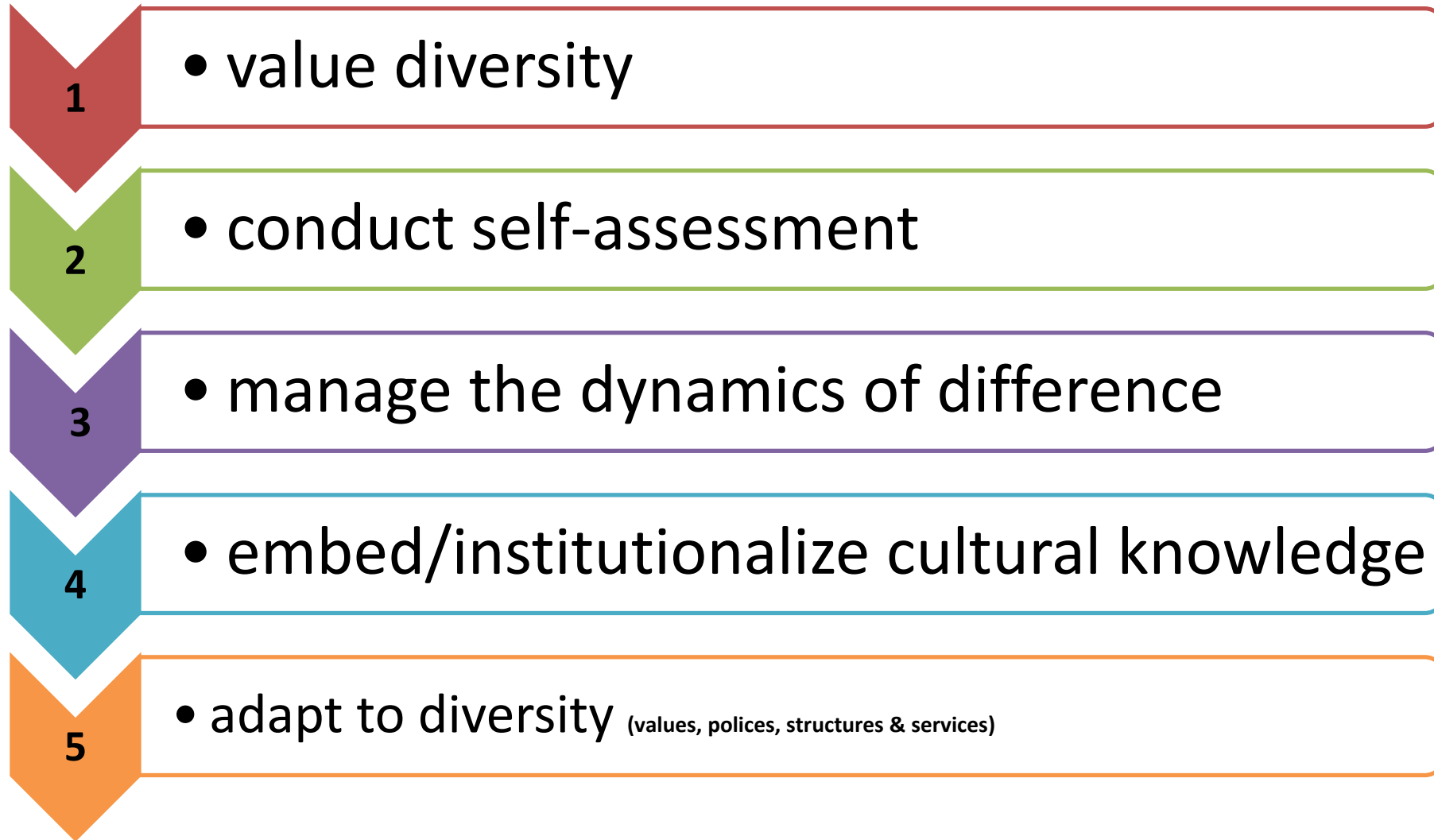
## INDIVIDUAL LEVEL

- 1 acknowledge cultural differences
- 2 understand your own culture
- 3 engage in self-assessment
- 4 acquire cultural knowledge & skills
- 5 view behavior within a cultural context



# Five Elements of Cultural Competence

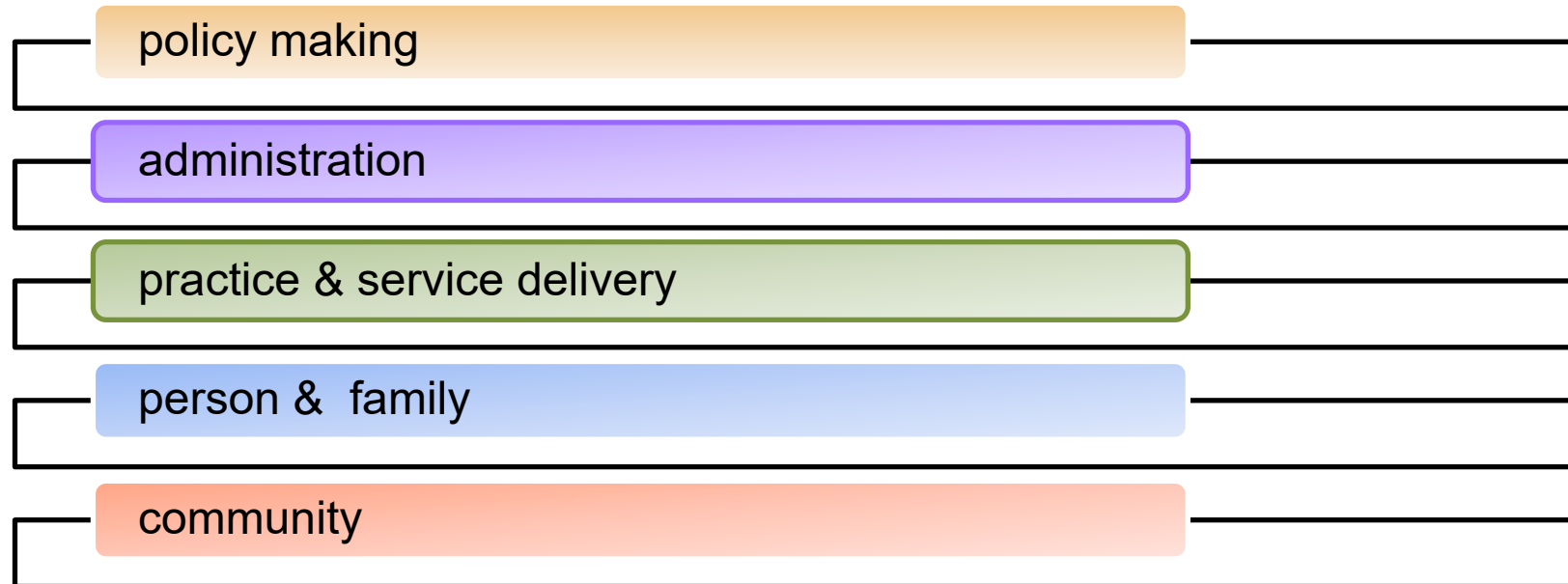
## ORGANIZATIONAL LEVEL



# ESSENTIAL ELEMENTS IN A CULTURALLY COMPETENT SYSTEM

---

These five elements must be manifested at every level of an organization or system including:

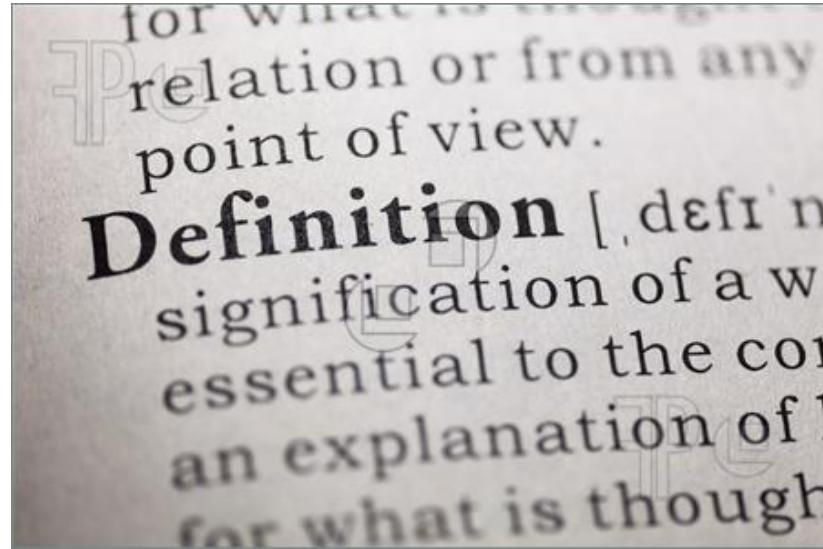


and reflected in its attitudes, structures, policies, practices, and services.



# Definitions and Conceptual Frameworks

## Linguistic Competence





Why?

do we have to pay attention to language?

Because culture and language and  
culture are inextricably linked



# Current and emerging demographic trends in



# Minnesota





# Polling Question

Do you know the order of the top five languages (other than English and ASL) spoken in Minnesota? Select A, B, or C.

- A. Spanish, Vietnamese, Hmong, Afro-Asiatic languages, Chinese
- B. Spanish, Chinese, Afro-Asiatic languages, Hmong, Vietnamese
- C. Spanish, Afro-Asiatic languages, Hmong, Vietnamese, Chinese





# Limited English Speaking Households

Limited English Speaking Households formerly (linguistic isolation) refers to households in which no member 14 years old and over: (1) speaks only English or (2) speaks a non-English language and speaks English “very well.”

## Limited English Speaking Households in Minnesota in 2019

All households

2.2%

*Households speaking--*

- Spanish
- Other Indo-European languages
- Asian and Pacific Island languages
- Other languages

17.2%

11.8%

19.3%

23.1%



# Linguistic Competence

- is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse groups including persons of limited English proficiency, those who are not literate or have low literacy skills, individuals with disabilities, or those who are deaf or hard of hearing
- requires organizational and provider capacity to respond effectively to the health literacy and mental health literacy needs of populations served
- ensures policy, structures, practices, procedures and dedicated resources to support this capacity



# Title VI - Civil Rights Act of 1964

## SEC. 601 TITLE VI--NONDISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

---



### **Title VI of the Civil Rights Act of 1964- Sec. 601**

ensures nondiscrimination in Federally Assisted programs and states that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance”.

[U.S. DOJ Title VI 1965 Civil Rights homepage](#)



# Who Does Title VI Protect?

---

**EVERYONE!**

Title VI Civil Rights Act of 1964 states that:

““No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

- Title VI protects persons of all colors, races, and national origins.
- Title VI protects against national origin discrimination and is **not** limited to U.S. citizens.



# Title VI – National Origin Discrimination

---

## **Provisions related to language access:**

Service providers must take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency (LEP).

[68 Fed. Reg. 153 at 47322]

Providers that must provide language assistance services in order to comply with Title VI should implement policies and procedures to provide information in appropriate languages and ensure that LEP persons are effectively informed of and have meaningful access to covered programs.

[68 Fed. Reg. 153 at 47320]

Data source: Retrieved on 4/22/21 from  
[Federal Register, Vol. 68, No. 15, 2003-08-08 webpage](#)



# Who is Covered Under Title VI?

---

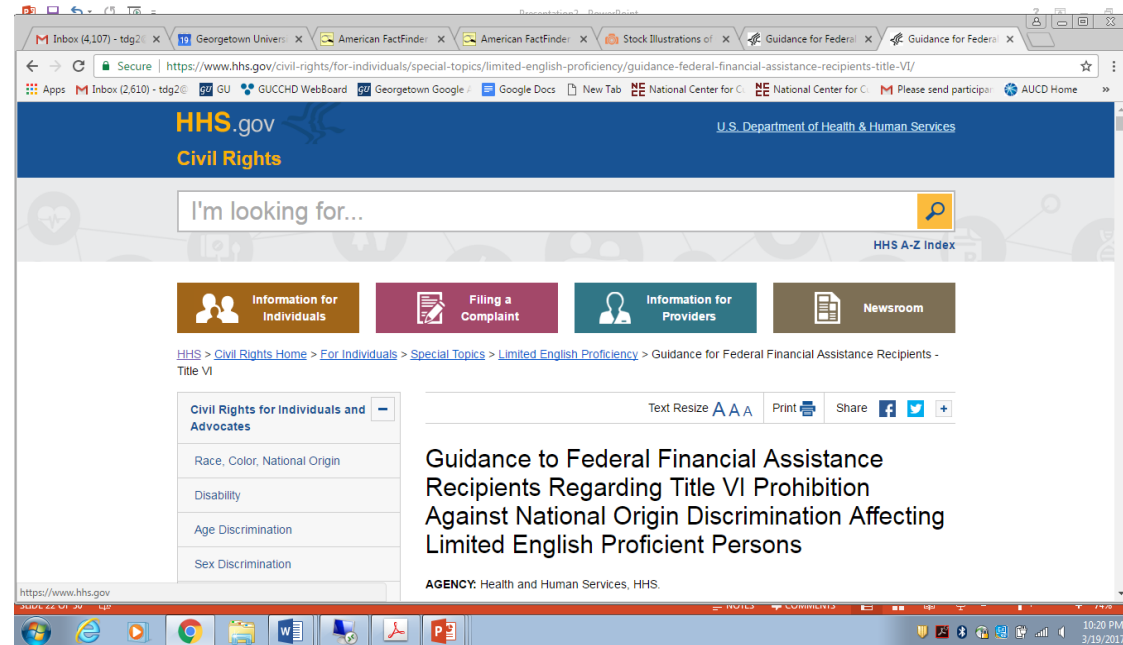
## Recipients of HHS assistance may include, for example:

- Hospitals, nursing homes, home health agencies, and managed care organizations
- Universities and other entities with health or social service research programs
- State, county, and local health agencies
- State Medicaid agencies
- State, county and local welfare agencies
- Programs for families, youth, and children
- Head Start programs
- Public and private contractors, subcontractors and vendors
- Physicians and other providers who receive Federal financial assistance from HHS



# Linguistic Competence: LEGAL MANDATES & GUIDANCE

## Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons



Source: [HHS.Gov Civil Rights, Guide for Federal Financial Assistance webpage](https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/)



# Polling Questions



Do you know if the organization or program that you work for or receive services from has a Language Access Implementation Plan required by federal law (Title VI, Section 601, Civil Rights Act)?

- Yes
- No

How familiar are you with the plan?

- Very familiar
- Somewhat familiar
- Not familiar at all



# HEALTH LITERACY: EVOLVING CONCEPTUALIZATIONS

Health literacy is the degree to which *individuals have the capacity to obtain, process, and understand* basic health information and services needed to make appropriate health decisions.

U.S. Department of Health and Human Services, 2010



Health literacy is the *capacity of professionals and health institutions* to provide access to information and support the active engagement of people.

Rudd, R. Health Literacy: Time to Refocus & Expand. Retrieved on 3/19/20 from [Harvard School of Public Health, Health Literacy Studies webpage](#)







# Defining Conscious or Explicit Bias

---

- Cognizant/Aware of biases
- Able to articulate biases
- Awareness of conscious bias can lead to changes in verbal communication, but not nonverbal



## Examples in our respective work environments

- “I don’t like working with ...” (age, gender, sexual orientation, specific disabilities )
- “It takes too long and it is too hard when I have to work with people who need an interpreter.”

# Defining Unconscious or Implicit Bias

---

- Unaware/Not Cognizant
- We often deny it (to ourselves and with others)

## Examples in our respective work environments

- “That type of discrimination is in the past.”
- “I treat everyone fairly – I never make differences based on someone’s race or culture.”
- “I don’t see color.”

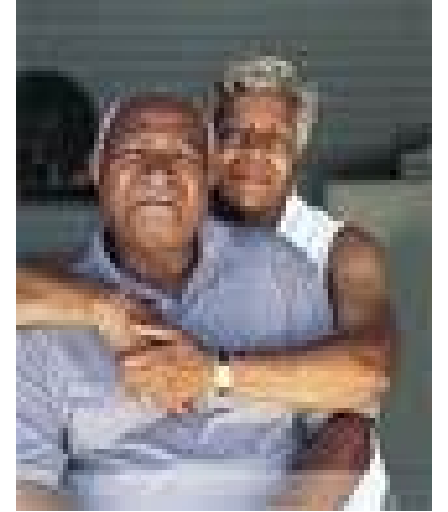


# Vignette



# VIGNETTE

A Latino family sought assistance from the county's office of human services for their adult daughter who has intellectual and developmental disabilities (DD). Based on the information provided by the family, their age, and need to prepare for the future, the county DD staff concluded that the daughter would be best served in a community-based, supported living setting. The team indicated that this type of setting would foster independence, inclusion, and self-determination for the daughter. The family did not believe that independence and self-determination were all that important for their daughter, stating that their daughter would be loved and safe at home with them.



- 
- What are the cultural factors presented by this situation?
  - Describe the differing world views and values between the family and county's DD staff.
  - What are the implications of these cultural factors for developmental disabilities supports and services?



# IMPACT OF CONSCIOUS & UNCONSCIOUS BIASES

## INDIVIDUAL PERSPECTIVE

- ✓ Disrespected
- ✓ Unfairly judged
- ✓ Intimidated
- ✓ Angry
- ✓ Oppressed
- ✓ Depressed
- ✓ Devalued
- ✓ Excluded
- ✓ Victimized
- ✓ Confused
- ✓ Anxiety

## WHAT THE LITERATURE IS TELLING US

### Health & Mental Health

- Perceived discrimination and bias have an adverse effect on a person's health and are closely linked to health and health care disparities.<sup>1-3</sup>
- Discrimination can be harmful to a person's mental health. Researchers found a clear relationship between discrimination and increased risk of mental disorders.<sup>4</sup>

---

<sup>1</sup> Balsa A, McGuire T. Prejudice, clinical uncertainty and stereotyping as sources of health disparities. *J Health Econ.* January 2003;22(1):89-116.

<sup>2</sup> Blair IV, Steiner JF, Havranek EP. Unconscious (implicit) bias and health disparities: where do we go from here? *Permanente J.* Spring 2011;15(2):71-78.

Smedley B, Stith A, Nelson R, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Washington, DC: National Academies Press; 2003.

<sup>4</sup> Discrimination can be harmful to your mental health. Retrieved on 3/19/20 from <http://newsroom.ucla.edu/stories/discrimination-can-be-harmful-to-your-mental-health>







# What is equity?



# What does equity mean in disability and aging supports and services?



# So where are we with equity in aging & disabilities?



The disability community lags far behind other fields in advancing equity. Stakeholders within this community have yet to define equity and more specifically what equity means in the disability space.



Similarly, the racial disparities are documented in the literature on an array of services to seniors. Exploring of what racial equity means in the gerontology space seems to be just beginning.



Before we talk about equity we first have to talk about disparity.



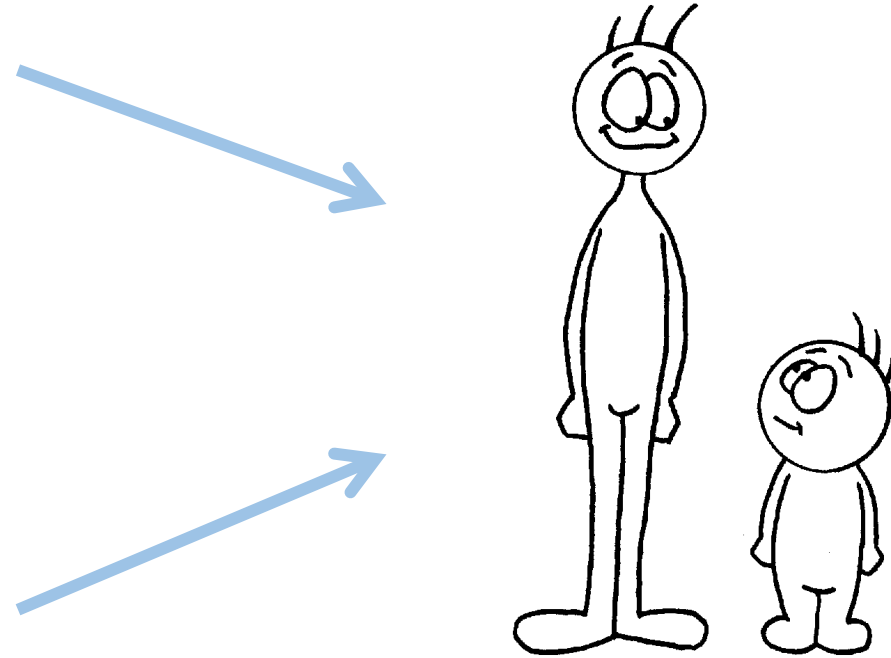
# What is a disparity?



# DEFINING DISPARITY

- Difference
- Not equal
- Lack of similarity

Disparities in and of themselves can be neutral, neither good nor bad, just a descriptive difference.



Disparity in height

**Examples**

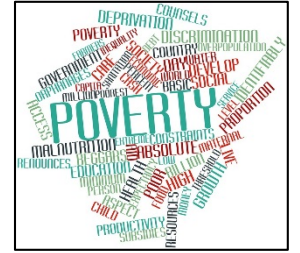
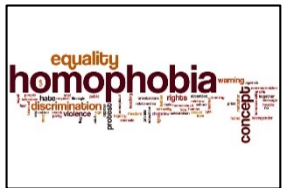
# Concepts and Definitions from Health and Mental Health Care



# HEALTH DISPARITIES ARE THE PRODUCT OF HEALTH INEQUITY

A health disparity is defined as a particular type of health difference that is closely linked with social or economic disadvantage – that is people who have experienced obstacles based on their:

- race or ethnicity
- religion
- gender
- sexual orientation or gender identity
- geographic location or “place” mental health
- socioeconomic status
- cognitive, sensory or physical disability
- other characteristics linked to discrimination or exclusion



Carter-Pokras O, Baquet C. What is a "health disparity"? *Public Health Rep.* September-October 2002;117(5):426-434.

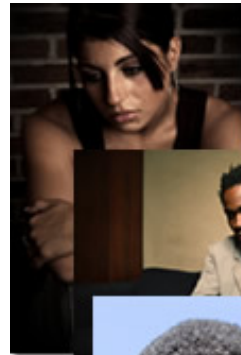
U.S. Department of Health and Human Services. Definition of health disparities. Available at: [Healthy People.gov, Foundational Health Measures Archive, Disparities webpage](https://www.hhs.gov/health-equity/) Accessed 3/28/21





# Mental Health Disparities

Mental health disparities among persons who are aging and those with disabilities are well documented in the literature. Mental health services for these populations are often overlooked and underfunded.





## REFLECT ON...

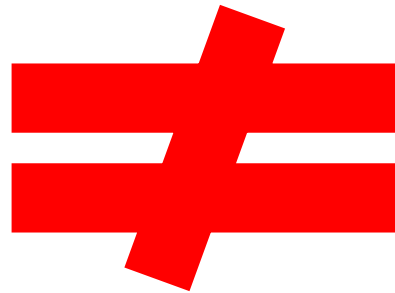


What you know about disparities that impact persons with disabilities and those who are aging and their families in Minnesota?

Areas	Not Knowledgeable	Somewhat Knowledgeable	Knowledgeable	Very Knowledgeable
Income				
Health				
Mental Health				
Housing				
Transportation				
Child Care				
Early Intervention				
Education				

# Equality vs. Equity

## What the literature is telling us



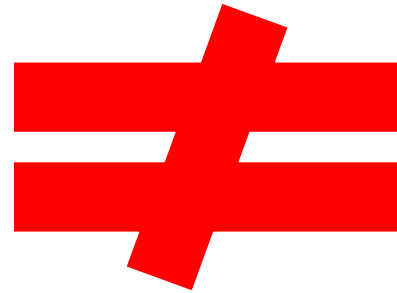


# Equality vs. Equity:

## What these definitions of equity have in common



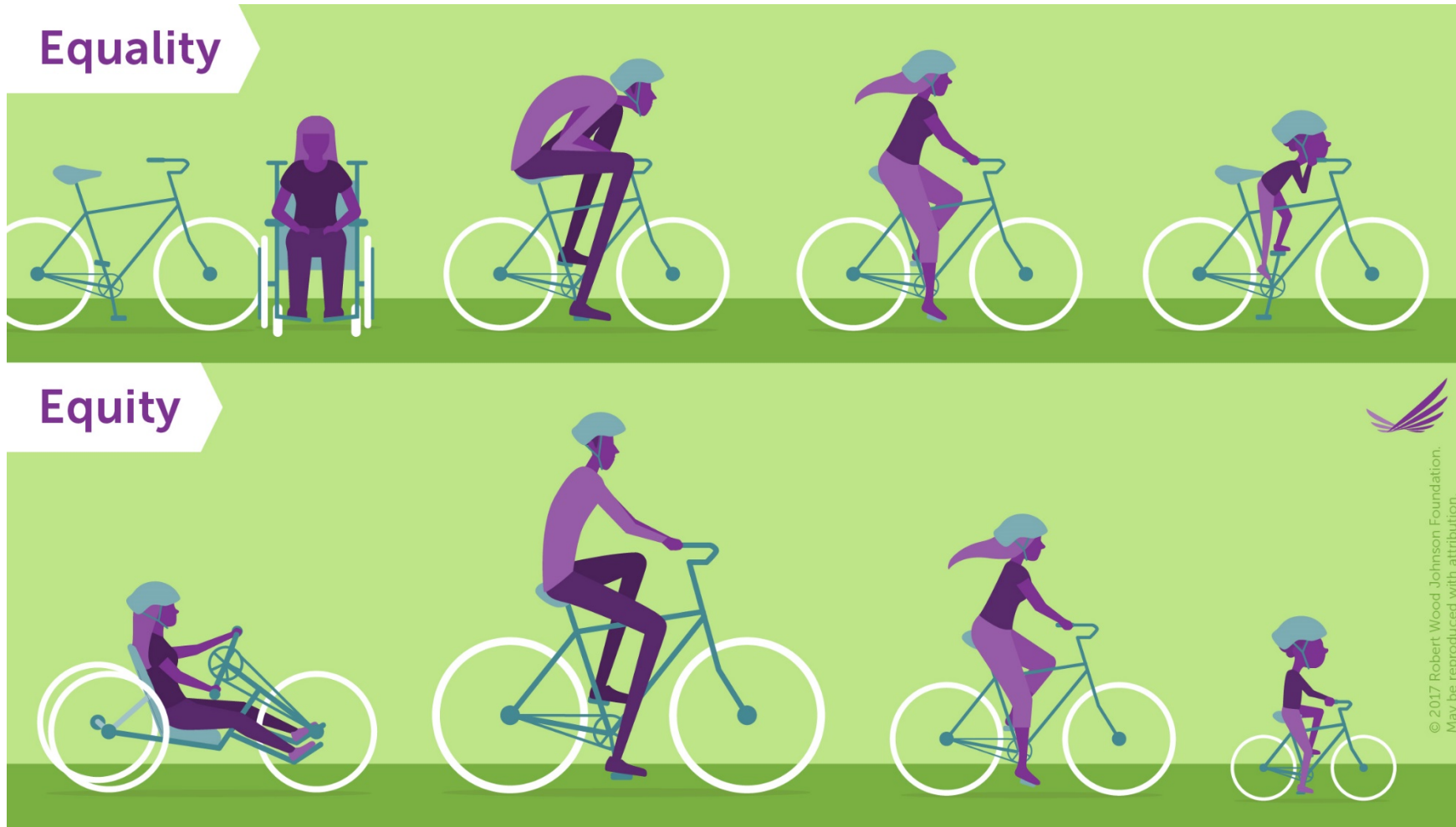
Treating all people the same regardless of need, circumstances, or abilities



Providing people with different levels of support and assistance depending on need, circumstances, or abilities



# Equality vs. Equity in Graphics



Source: [Visualizing Health Equity: One Size Does Not Fit All Infographic \(2017\)](#). Robert Wood Johnson Foundation, [Achieving Health Equity webpage](#).



How do these definitions and conceptual frameworks apply to disparities experienced by persons with disabilities and older adults in Minnesota?

# Polling Questions

My organization, program, or agency:

1. Has a definition of disparities.

yes  no  don't know

2. Has prioritized addressing such disparities across racial, ethnic, cultural, linguistic, SES, and geographic populations.

yes  no  don't know

3. Is currently implementing a course of action to combat disparities among persons with disabilities and older adults?

yes  no  don't know



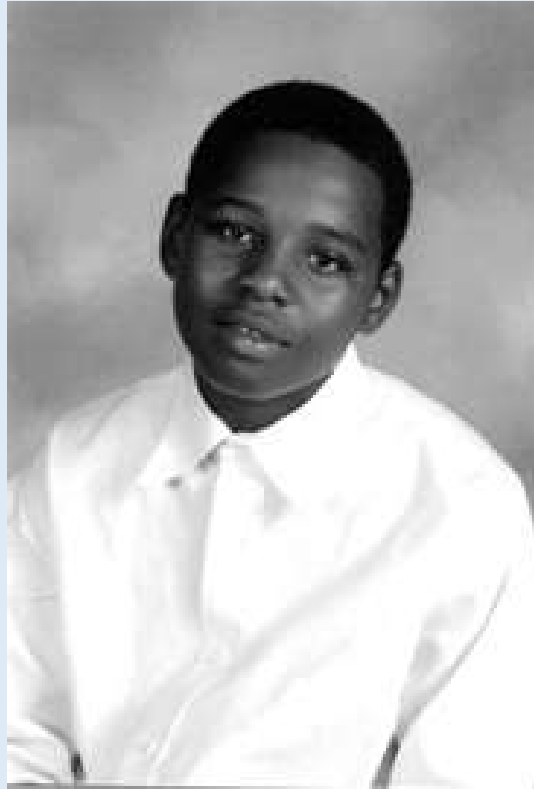
# Health Care Disparities:

Health Care Policy, Resources, Accessibility, and Health Outcomes

## THE TRAGIC CONSEQUENCES FOR DEMONTE DRIVER

---

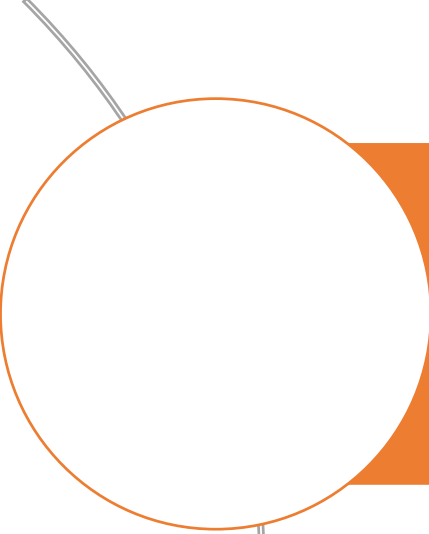
Demonte's mother could not find a dentist that would accept Medicaid insurance. In the time she was seeking care, Demonte's abscess spread to his brain.



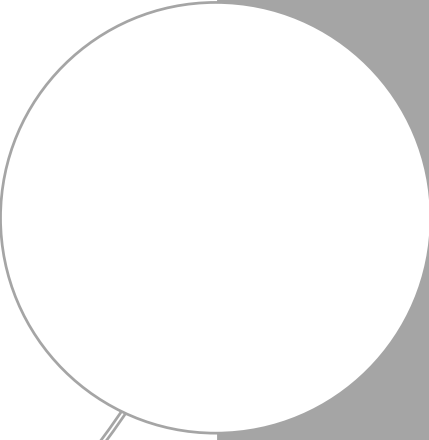
Heroic efforts were made to save Demonte, including two operations and 8 weeks of additional care and therapy totaling about \$250,000.

But it was all too late. Demonte died on February 25, 2007 -- when his life could have been saved by a routine dental visit and an \$80 tooth extraction.

# A Quick Look at Racial & Ethnic Disparities in Minnesota

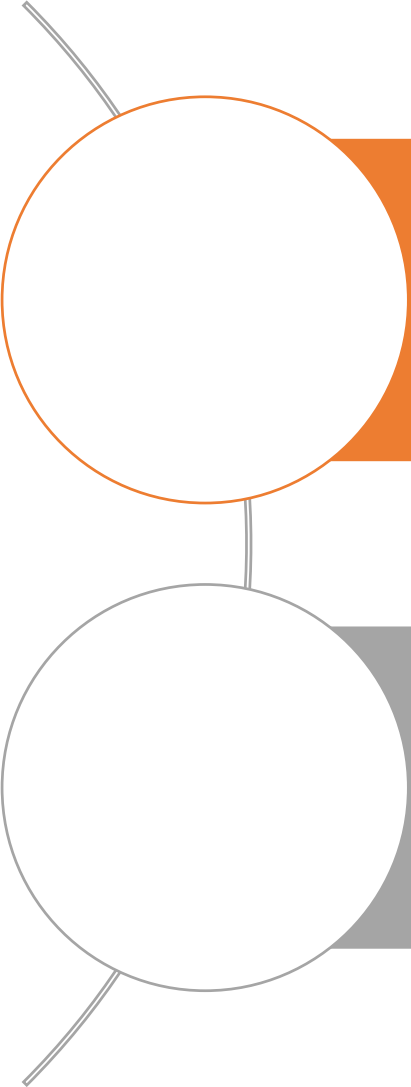


A 2019 report documents wide disparities in quality indicator by race and ethnicity within Minnesota Health Care Programs, especially for American Indian/Alaska Natives and for Black/African American MHCP enrollees, when compared with other types of insurance.<sup>1</sup>



Racial disparities in education, employment, and income exist and persist for a wide variety of reasons, but the economic challenges and opportunities every region in Minnesota will face over the next 15 years are so great that they will need to be tackled with a multi-pronged approach to attracting, retaining, and training workers of all demographic characteristics.<sup>2</sup>

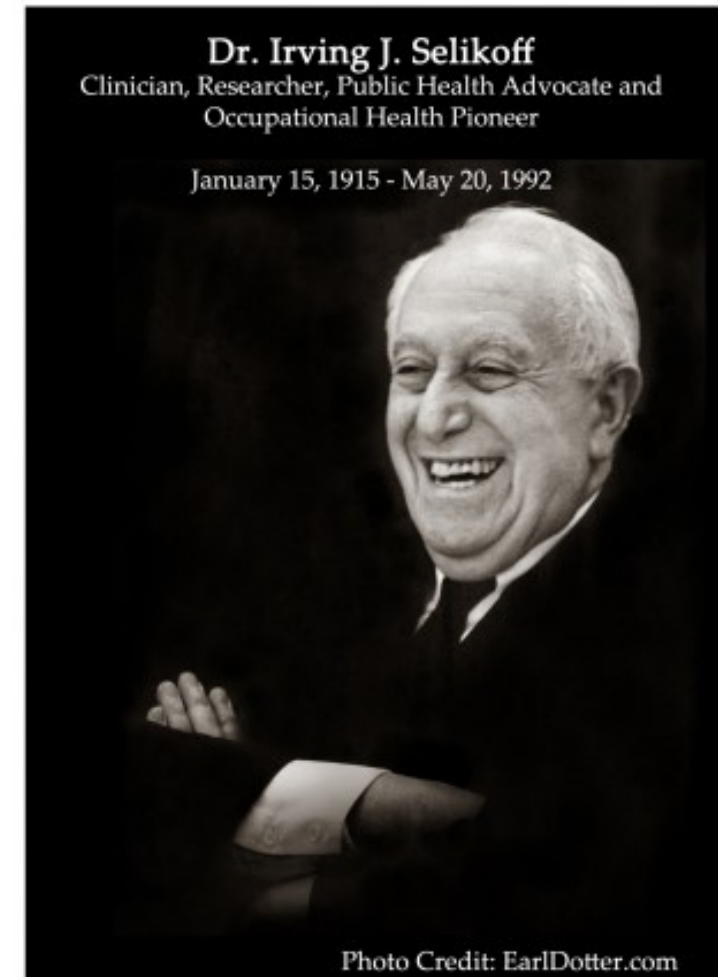
# A Quick Look at Racial & Ethnic Disparities in Minnesota



A 2020 study indicated a number of assets supporting Minnesota's diverse older adults. Assets of cultural communities include culturally specific services, faith communities, and close-knit families. Despite the many assets supporting diverse older adults, results indicate seven primary categories of unmet needs: (1) health (2) healthcare, (3) transportation, (4) housing, (5) education, (6) social support, and (7) financial security. All unmet needs sub-themes address health or social determinants of health.<sup>3</sup>

The 2020 Olmstead Report indicated numerous disparities in quality of life for persons with intellectual and developmental disabilities that reside in Minnesota that were exacerbated by the COVID-19 pandemic.<sup>4</sup>

“Statistics are people with  
the tears wiped away.”



**Dr. Irving J. Selikoff**  
Clinician, Researcher, Public Health Advocate and  
Occupational Health Pioneer

January 15, 1915 - May 20, 1992

Photo Credit: EarlDotter.com

[AsbestosDiseaseAwareness.Org](http://AsbestosDiseaseAwareness.Org)

Clinician, Researcher, Public Health  
Advocate and Occupational Health Pioneer  
(1915 – 2015)



# Disparities: A Disability Framework

**FULL PARTICIPATION OF INDIVIDUALS WITH DEVELOPMENTAL AND OTHER DISABILITIES  
in all facets of community life**

Health ♦ Housing ♦ Child Care ♦ Recreation ♦ Employment ♦ Education ♦ Early Intervention ♦ Transportation



**Public Policy & Resources  
(Public & Private Sector)**

# SELECTED CONTRIBUTING FACTORS TO DISPARITIES & INEQUITIES



Why do we have disparities and inequities in our systems of supports and services for individuals with developmental and other disabilities?

## System-related factors

- “isms”
- Public Policy and Resources
- Social determinants

## Individual and family factors

- Culturally-defined beliefs and practices about aging and disabilities
- Lack of knowledge about supports and services
- Personal or cultural group experiences with the “isms”
- Income and poverty

## Place

- Area or location of the state in which individuals/families live



# Healthy People 2030: Social Determinants of Health



Data source: <https://www.cdc.gov/socialdeterminants/about.html>





”

For every social determinant of health, there was some preceding legal, legislative, regulatory, or other policy decision that resulted in that social determinant of health. And those are the **political determinants of health.**

---

**Daniel E. Dawes, J.D.**  
**Morehouse School of Medicine**



#NACHCEvents



We can't really effectively address disparities and inequities without acknowledging and confronting the "isms."



# How are we addressing the “isms” in aging and disabilities?

Biases  
Stereotyping  
Discrimination  
Marginalization  
Oppression

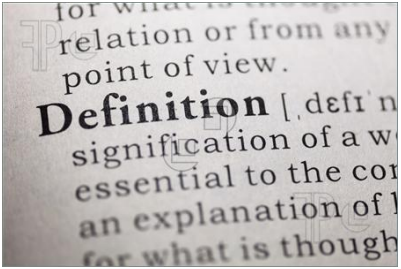
Power  
Differentials

Racism  
Ableism  
Heterosexism  
Classism  
Sexism  
Cisgenderism

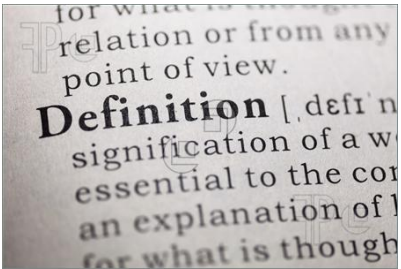




# Defining Race



- Race is a social construct used to separate and divide the world's peoples. There is only one race, the human race, comprised of individuals with characteristics that are more or less similar to others.<sup>1</sup>



- A construct of human variability based on perceived differences in biology, physical appearance, and behavior.<sup>2</sup>

<sup>1</sup> Source: A Resource Guide to Respond to Disparities in Intellectual and Developmental Disabilities Services and Supports: Protection and Advocacy Programs. Retrieved from [Georgetown University National Center for Cultural Competence website](#)

<sup>2</sup> Source: [PubMed.gov, National Library of Medicine, National Center for biotechnology Information webpage](#)



# Defining Racism

“Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call race), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.”

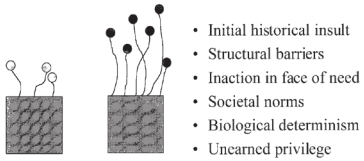
Source: Kaiser Permanente Institute for Health Policy. How Racism Makes People Sick: A Conversation with Dr. Camara Jones, MD, MPH, PHD. Retrieved on 3/28/21 from [Kaiser Permanente, Institute for Health Policy Blog webpage](#)



**Camara P. Jones, MD, MPH, PhD**  
**Senior Fellow**  
**Satcher Health Leadership Institute**  
**Morehouse School of Medicine**  
**Past President, APHA**

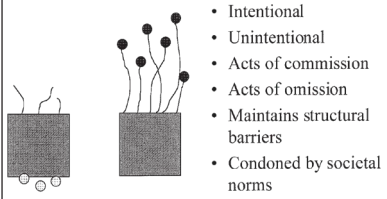


### Institutionalized racism



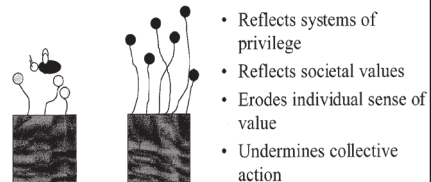
- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

### Personally mediated racism



- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

### Internalized racism



- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

# Dr. Camara Jones asserts there are three types of racism and defines them as follows

- ***Institutionalized racism*** – differential access to the goods, services, and opportunities of society by race.
- ***Personally mediated racism*** – differential assumptions about the abilities, motives, and intents of others by race; differential actions based on those assumptions. Evidenced by prejudice and discrimination.
- ***Internalized racism*** – acceptance by stigmatized races of negative message about own abilities and intrinsic worth. Manifested by self-devaluation, resignation, helplessness, hopelessness.

Presentation by Dr. Jones to the Metropolitan Washington Public Health Association, Annual Conference, September 8, 2016. Washington, DC.



# What is the literature telling us?

---

Historical and current day differential treatment of people based on race and ethnicity in:

- Health care
- Mental health care
- Education
- Housing
- Employment
- Child Care
- Law Enforcement
- Justice System



# Defining Racial Equity: *An Example from the Literature*

---

“**Racial equity** is the condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, how one fares. When we use the term, we are thinking about racial equity as one part of racial justice, and thus we also include work to address root causes of inequities not just their manifestation. This includes elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or fail to eliminate them.”

**Racial justice** is defined as the proactive reinforcement of policies, practices, attitudes, and actions that produce equitable power, access, opportunities, treatment, impacts and outcomes for all.

Source: [Racial Equity Tools Glossary webpage](#)



# POLLING QUESTION

Has your organization, program, or agency:

1. Engaged in a process to define racial equity?

- yes
- no
- don't know
- in progress

2. Reached consensus on a conceptualization of racial equity and what it means for people with disabilities and older adults?

- yes
- no
- don't know
- in progress

3. Initiated efforts to address racial equity?

- yes
- no
- don't know
- in progress



Now let's consider the role of  
cultural and linguistic competence  
in racial equity.

**CONSIDER**

**CONSIDER**

**CONSIDER**

**CONSIDER**

<b>Five Elements of Cultural Competence</b> <b>Individual level</b>	<b>Implications for Racial Equity in Disability &amp; Aging Services and Supports</b>
<b>Acknowledge cultural differences</b>	First acknowledge that people are NOT the mirror image of yourself. Be curious about the racial, ethnic, and cultural differences in beliefs and attitudes about “disability” and “aging. Maintain focus on equitable and culturally acceptable outcomes, given the diversity of responses to disability and aging.
<b>Understand your own culture</b>	Develop a comprehensive understanding of the values and beliefs of your own culture(s) in relationship to disability and aging. Examine how they influence your attitudes and behaviors.
<b>Engage in self-assessment</b>	Identify your personal biases, stereotypes, prejudices. Use tools such as the Implicit Association Test to help identify unconscious biases. Engage in activities that help minimize the impact of bias in the conduct of your work. Establish relationships of trust with partners to help you monitor biased behaviors and attitudes and be accountable.
<b>Acquire cultural knowledge &amp; skills</b>	Learn details such as: what is actually considered to be a “disability,” at what age is someone considered to be “old”, what are the cultural expectations of the person and family members to facilitate care and maximize well-being. Learn the history of the racial, ethnic, and other cultural groups in your community. What are the historical and current societal factors that influence their experience in systems of services/support? Develop capacity to engage in conversation about race and culture with colleagues and persons wo whom you provide supports/services.
<b>View behavior within a cultural context</b>	Accept that values, beliefs, and practices about disability and aging are culturally-defined. Develop capacity to emotionally center yourself so that you can interpret behavior within the context of the racial, ethnic, cultural history and identities of these groups.

Five Elements of Cultural Competence Organizational Level	Implications for Racial Equity in Disability & Aging Services and Supports
<b>Value diversity</b>	<ul style="list-style-type: none"> <li>Advance racial, ethnic, cultural, and linguistic diversity as a strength rather than “issues” that needs to be addressed.</li> </ul>
<b>Conduct self-assessment</b>	<ul style="list-style-type: none"> <li>Include measures for equity in organizational assessment processes (i.e. racial, ethnic, linguistic, and other cultural factors).</li> </ul>
<b>Manage the dynamics of difference</b>	<ul style="list-style-type: none"> <li>Recognize and respond to dynamics within and between racial, ethnic, and other cultural groups, including intersectionality, that manifest in the socio-economic and political environment.</li> </ul>
<b>Embed cultural knowledge</b>	<ul style="list-style-type: none"> <li>Discover the strengths and resiliencies of individuals and their families from racial, ethnic, cultural, and linguistic backgrounds that are typically described as disadvantaged, disempowered, marginalized, not engaged, and “hard to reach.” Use these strengths to inform the work of your organization.</li> <li>Accept that some racial, ethnic, and other cultural groups have historical and present day experiences of bias, stereotyping, discrimination, and disparate treatment in the education, health/mental health, and human services. These experiences affect their capacity for trust and confidence in systems of supports and services. Use this knowledge to advance equity.</li> </ul>
<b>Adapt to diversity</b>	<ul style="list-style-type: none"> <li>Revisit, revise, and implement policies and practices that equalize power differentials and allocate resources equitably across racial, ethnic, and cultural, communities.</li> </ul>

Levels of Cultural Competence	Implications for Racial Equity in Disability & Aging Services and Supports
Policy making	Examine policy at all levels and domains – legislation, regulations, administrative policies, program, human resources, budget, and provider. Policies should be assessed in terms of the degree to which they promote (or interfere with) cultural and linguistic competence (CLC). Work to eliminate or amend negative policies and work to create policies that will support CLC.
Administrative	Administrative practices and procedures need to support CLC. That includes recruiting, hiring, retaining, and promoting culturally diverse staff, and ensuring appropriate CLC-related professional development for <b>all</b> members of the workforce. Cultivate a work environment that honors, respects and supports a cultural diversity.
Practice, Services, Supports	Provide supports and services that meet the interests, preferences, and needs of the person and family. Selection of supports/services should include an assessment of their effectiveness or impact for identified cultural groups. Training, supervision, evaluation of practice should include CLC components.
Person & Family	Ensure that the voices and perspectives of the person and their family are welcomed, elicited, and acted upon. Ensure meaningful participation of persons with lived experience and their families in decisions about supports and services, the operations of the organization, and evaluation of supports and services. They are the <b>experts</b> in their own lives.
Community	Ensure that community members and organizations that represent and advocate for diverse cultural groups are meaningfully involved in decision-making, operations, and evaluation of supports and services. Facilitate and nurture community partnerships.

**As a culturally competent \_\_\_\_\_  
I am capable of interacting positively with  
people who do NOT**

**look like,  
communicate like,  
move like,  
think like,  
believe like,  
act like,  
love like...  
live like...  
ME!!!**

# Citations for A Quick Look at Disparities in Minnesota

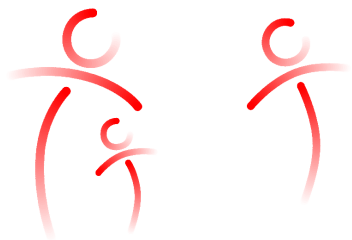
<sup>1</sup> [2019 Minnesota Health Care Disparities by Insurance Type \(May 2020\). MN Community Measurement & Minnesota Department of Human Services. \(PDF\)](#) Retrieved from MN Community Measurement website.

<sup>2</sup> [Minnesota Employment and Economic Development: Racial Disparities home page](#)

<sup>3</sup> McCarron, H., Wright, A., Moone, R., Toomey, T., & Osypuk, T. (2020). Assets and Unmet Needs of Diverse Older Adults: Perspectives of community-based service providers in Minnesota. Journal of Health Disparities Research and Practice. Vol. 13, Issue 1, Article 6 (PDF). Retrieved on 5/19/21 from [UNLV, Journal of Health Disparities Research and Practice, Volume 13, Issue 1, Article 6 webpage](#)

<sup>4</sup> [Olmstead Quality of Life Survey Second Follow-up 2020: Final Report. \(2021\) Minnesota Olmstead Implementation Office \(PDF\).](#) Retrieved on 5/19/21 [from Minnesota Olmstead Implementation Office website.](#)

# CONTACT US



## Georgetown University National Center for Cultural Competence

<http://nccc.georgetown.edu>

[cultural@georgetown.edu](mailto:cultural@georgetown.edu)

The content of and this PowerPoint presentation are copyrighted and are protected by [Georgetown University's copyright policies](#).

**Permission is granted** to use this PowerPoint presentation in its entirety and/or individual slides for non-commercial purposes if:

- the material is not to be altered **and**
- proper credit is given to the author(s) and to the National Center for Cultural Competence.

**Permission is required** if the material is to be:

- modified in any way
- used in broad distribution.

To request permission and for more information, contact [cultural@georgetown.edu](mailto:cultural@georgetown.edu).