Respecting Differences: Intersections of Identity & Diversity in an Academic Healthcare Setting

Workshop
Objectives

I. Recognize how our social and personal identifiers impact our perceptions of and interactions with others.

II. Identify ways in which the identities of both patient and provider can impact health, health care access, provision of care and health outcomes.

III. Demonstrate a basic understanding of strategies and skill sets necessary for effectively communicating with patients, colleagues, and students of diverse backgrounds.
Ground Rules

✓ Listen when others speak.
✓ Participate fully.
✓ Step up & Step back.
✓ Keep an open mind.
✓ Show consideration.
✓ Avoid Spokesperson Syndrome.
✓ What’s said here stays here.
✓ Take a risk – be open!
✓ Have fun!
I always treat people of other religious faiths with respect.

People of other religious faiths always treat me with respect.
Respect


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SECTION 1
Social Identity & Culture: Who We Are Impacts Others
What is Culture?

**Culture:** The values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their world.

**Cultural Competence:** The ability of health care providers to **understand** and **respond** effectively to the cultural and language needs brought by the patient to the health care providers they encounter.
Diversity & Cultural Competence

- National Origin
- Language
- Race & Ethnicity
- Disability
- Gender Identity
- Religion
- Sexual Orientation
- Undocumented Status
- Veteran of Armed Forces
- Socio-Economic Status
- Veteran of Armed Forces
- Undocumented Status
- Religion
- Gender Identity
Exploring Your Lens: Identities

Social identity
Group identities. Shaped by common history, shared experiences, legal and historical decisions, and day to day interactions.

Personal Identity
Individual traits that make up who you are.

Salient Identity
Varies according to the social context and may change over time.

Adapted from Marcella Runell, Social Justice Education Umass-Amherst and “Voices of Discovery,” Intergroup Relations Center, Arizona State University
Social Identity Wheel Exercise

1) Fill out all of the spaces on the wheel.

2) Circle one social identifier you find yourself thinking about the *most* often.

3) Put a star/asterisk (*) next to one social identifier you find yourself thinking about the *least* often.

4) Put an X next to the social identifiers that are *visible* to others.
Questions

1) Why might you think more about some of your group identities than others?

2) What experiences lead you to think so often about the identities that are most salient to you?

3) How might your social identities impact your interactions with patients?

4) What is one common assumption you never want to hear again about the identifier you think about most?
SECTION 2
Diversity and Identity: Impact on Health & Health Disparities
Statistics: In New York City…

**National Origin:** 36% of residents are foreign born.

**Undocumented Status:** there are an estimated 500,000 undocumented immigrants.

**Race/Ethnicity:** 67% of residents are of a “minority” ethnic or racial group.

**Language:** 24% speak English less than “very well.” (Limited English Proficiency)

**Socio-Economic Status:** 20% live below the federal poverty threshold.

**Age:** New York State has the third largest population over 65 – 2.45 million residents.
Defining Health Disparities

What is a **health disparity**?
Higher burden of illness, injury, disability, or mortality experienced by one population group relative to another group.

What is a **healthcare disparity**?
A difference between groups in health coverage, access to care, and quality of care.

Health & healthcare **disparities** occur across many dimensions including socio-economic status, age, race & ethnicity, sexual orientation, gender identity, disability status and religion.
Health Disparities Are Caused By...

- **Medical Care**
  - (access & quality)

- **Physical Environment**
  - (pollution, housing, transportation, crime)

- **Genes & Biology**

- **Social Environment**
  - (discrimination, education, culture & community)

- **Health Behaviors**
  - (diet, drugs, sexual activity)
Culture & Worldview

The following questions can be used to explore a patient’s explanatory model – *their ideas about the nature of their problem, its cause, severity, prognosis and treatment preferences.*

1) What do you call the problem?
2) What do you think has caused the problem?
3) Why do you think it started when it did?
4) What do you think the sickness does? How does it work?
5) How severe is the sickness? Will it have a short or long course?
6) What kind of treatment do you think you should receive?
7) What are the chief problems the sickness has caused?
8) What do you fear most about the sickness?

Worlds Apart: Alicia Mercado’s Story

Watch and Discuss

Questions

1) What are some of the challenges that Mrs. Mercado faces in managing her diabetes and other conditions?

2) What are some of the challenges her care providers face in providing comprehensive, quality care to Mrs. Mercado?

3) In what ways do Dr. Forson’s and Mrs. Mercado’s perceptions of her medical issues differ?

4) What is Mrs. Mercado’s health care team doing well in terms of managing her unique needs? What could be done better?
“A lot of times we don’t ask why they’re non-compliant or why they’re not coming to their visits. We just sort of put it in their note ‘not compliant with care, just not interested,’ and usually there are other things that are going on...dynamics that we need to understand.”

– Dr. Forson

“They told me to call for an appointment but other issues came up. So I had to take care of those other things, not my health.”

– Mrs. Mercado

“When I feel my sugar level rising I drink lime juice and I can control it. Or water, lots of water. I control my high blood pressure with pills, and also with garlic, Garlic is good for that. It controls it very well. In reality, I couldn’t do it with one thing alone. Not only the garlic, nor only the pills.”

– Mrs. Mercado
Health Care Disparities Can Be Addressed By...

- Managing salient identity & unconscious bias
- Communicating effectively across language and cultural differences
- Recognizing environmental, behavioral and genetic determinants of health

Medical Care
Access & Quality
SECTION 3

Unconscious Bias: What it is and why it matters
Generalizations vs. Stereotypes

Generalizations

Stereotypes: FIXED Thinking

FLUID starting point to explore the cultural and religious beliefs of the patient

Stereotypes

Stereotypes: FIXED Thinking

Overt Bias

Unconscious Bias

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Some Background

Social cognition: How we process, store, and apply information.

Schemas: The BUILDING BLOCK of social cognition.

- Learned patterns of connections.
- Information readily available without any effort on your part that leads to….
- Interpretations that take you beyond the information given.
Schemas: Processing information

Just a few examples…

• In how you identify objects (What makes a bird a bird?)

• How you become an expert at a task/job (the expert blind spot)

• How you understand social norms (do I shake hands or bow?)
Stereotypes: Schemas of People
Stereotypes vs. Bias

A stereotype (concept) activated = Bias (a belief)
**Implicit & Explicit Bias**

**Bias**: Tendency to favor one entity over another. Can skew toward either a favorable or unfavorable assessment.

<table>
<thead>
<tr>
<th><strong>Automatic</strong></th>
<th><strong>Controlled</strong></th>
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<tbody>
<tr>
<td>Implicit Bias (unconscious): Attitudes that people unknowingly hold. They are expressed automatically without conscious awareness.</td>
<td>Explicit Bias (conscious): Attitudes that people knowingly hold. They are held or endorsed on a conscious level.</td>
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HOW do stereotypes get “programmed”?

• **Social norms** (influence of family and friends). Imitating parents, teachers and other role models.

• **Personal experiences** or second hand accounts that are then overgeneralized.

• **The media** often has biased messages and under/over representation of certain groups. This may our only significant exposure to an outgroup.

• **Rationalizing** and justifying existing social inequalities that make us uncomfortable.

• **Discomfort** when you encounter a new group – you start associating that discomfort with that group (**evaluative conditioning**)
Triggers for implicit biases to surface

- Ambiguity: Not enough information
- Inattentiveness to task: Not paying attention
- Time pressure: Not enough time
- Cognitive load: Too much information

Unconscious Bias: Where it comes up

What triggers might be responsible for the following scenarios?

After taking into account patients’ age, sex, pain intensity, insurance status and other factors, a national study of nearly 1 million patients age 21 or younger diagnosed with appendicitis found that black children were 80% less likely than white children to receive opioids for their pain.

Research participants playing a hiring role selected black and white candidates equally. However, one week later the black job applicants were remembered as having given less intelligent answers even though responses were identical to white applicants.

Science faculty rated the application materials of a student, randomly assigned either a male or female name, for a laboratory manager position. Male applicants were rated as significantly more competent and hirable than the (identical) female applicants.

Questions

1) What are some places in your professional or personal life where you’ve experienced bias surfacing and impacted you, your colleagues, students or patients?
How do we get rid of biases?

- Acknowledge biases and directly challenge them.
- Make a conscious effort to inhibit implicit associations.
- Be consistent and persistent in these efforts.

Techniques to Consider

Deliberative Processing: Self-monitoring of thought processes and emotions.

FOR EXAMPLE: Two hypothetical candidates considered for a job as chief of police. One candidate had extensive “street” experience but little formal education; the other had extensive formal education but little street experience.
SECTION 4
Religion at Work: Communication Strategies for Coworkers and Students
Tanenbaum’s 10 Bias Danger Signs

- Attire
- Diet
- Devotion
- Holidays
- Networks
- Ridicule
- Icons
- Prayer
- Socializing
- Scheduling
LEARN Model

Listen • to your coworker’s perception of the problem

Explain • your perceptions of the problem

Acknowledge • and discuss the differences and similarities

Recommend • next steps to resolve the situation

Negotiate • next steps to resolve the situation

### Cross-Cultural Communication

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<thead>
<tr>
<th>Non-verbal</th>
<th>Verbal</th>
<th>General Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touch</td>
<td>Turn-taking</td>
<td>Time orientation</td>
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<tr>
<td>Gestures</td>
<td>Expressing pain</td>
<td>Relation to authority</td>
</tr>
<tr>
<td>Personal space</td>
<td>Formal/informal</td>
<td>History with bias/prejudice</td>
</tr>
<tr>
<td>Body language</td>
<td>Direct/indirect</td>
<td>Gender/Family relations</td>
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<td>Eye contact</td>
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Respectful Communication: Additional Tips

1. Avoid assumptions.
2. Avoid “Spokesperson Syndrome” – use “I”
3. Platinum Rule: Treat others how they would like to be treated.
4. Identify and debunk stereotypes.
5. Address behavior, not belief.
7. Acknowledge and apologize for mistakes made.
Conversation Stoppers  Conversation Starters

I see this is important to you, but I never thought to ask before. What is the significance of your head covering?

If you have a few minutes sometime today, I’d love to learn more about your thoughts on Valentine’s Day.

Aren’t you uncomfortable dressed that way?

There’s nothing religious about Valentine’s Day – it’s a Hallmark Holiday.
Satjeek is a first-year dentistry student. She is Sikh and knows she will need a few days off during the spring semester to observe Vaisakhi.

By the time the holiday arrive, Satjeek finds out that one of her professors has scheduled an exam on Vaisakhi. Satjeek sends an email asking her professor if she can take the exam a few days early. Her professor responds with questions about the holiday, why it is important to her, and whether she has always observed it. Satjeek explains that she did not observe Vaisakhi during college but has gotten more religious since moving back to New York and being closer to her family.

Satjeek’s professor ultimately denies her request.
Time Off: Activity

With your table, review:

- Appendix A: Email exchange between Satjeek and her professor.
- Appendix B: The policy on exam schedules

Then discuss the following questions:

1. Why do you think the professor denied Satjeek’s request?
2. Were the professor’s emails to Satjeek appropriate or inappropriate? In what ways?
3. Is there any additional information you think the professor should have asked about, or that would have been helpful for the professor to know?
4. What guidance does the policy on exam schedules provide?
Time Off: Context to Consider

• Vaisakhi is a harvest festival in the Punjab region of India in addition to being the Sikh New Year.

• This occasion marks the day that the tenth Sikh Guru, Guru Gobind Singh, formalized the unique Sikh identity and established the *Khalsa Panth*, a collected body of initiated Sikhs.

• Sikhs may observe Vaisakhi in a variety of ways, including being initiated into the *Khalsa Panth*, visiting or decorating a *Gudwara* (house of worship), participating in a parade, listening to religious music, or performing *seva* (selfless service) such as distributing food to the needy.

• Sikhs may take the day off work or other obligations in order to observe Vaisakhi.

• Vaisakhi follows the solar calendar and always takes place on April 13th or 14th.
Time Off: Communication Strategies

• Be mindful of diversity within religious traditions; no two individuals will observe exactly the same way

• Refer to relevant policies and procedures

• Recognize that for many people, religious observance is an obligation, not a choice

• Use an interfaith calendar to assist in scheduling
The Accommodation Mindset: Eight Steps

1. Get the Facts
2. Recognize All Employees’/Students’ Needs
3. Ask Respectful Questions
4. Identify Any Limitations
5. Be Creative
6. Communicate
7. Educate
8. Institutionalize