Cultural Humility & Addressing Realities in the National DPP DTTAC

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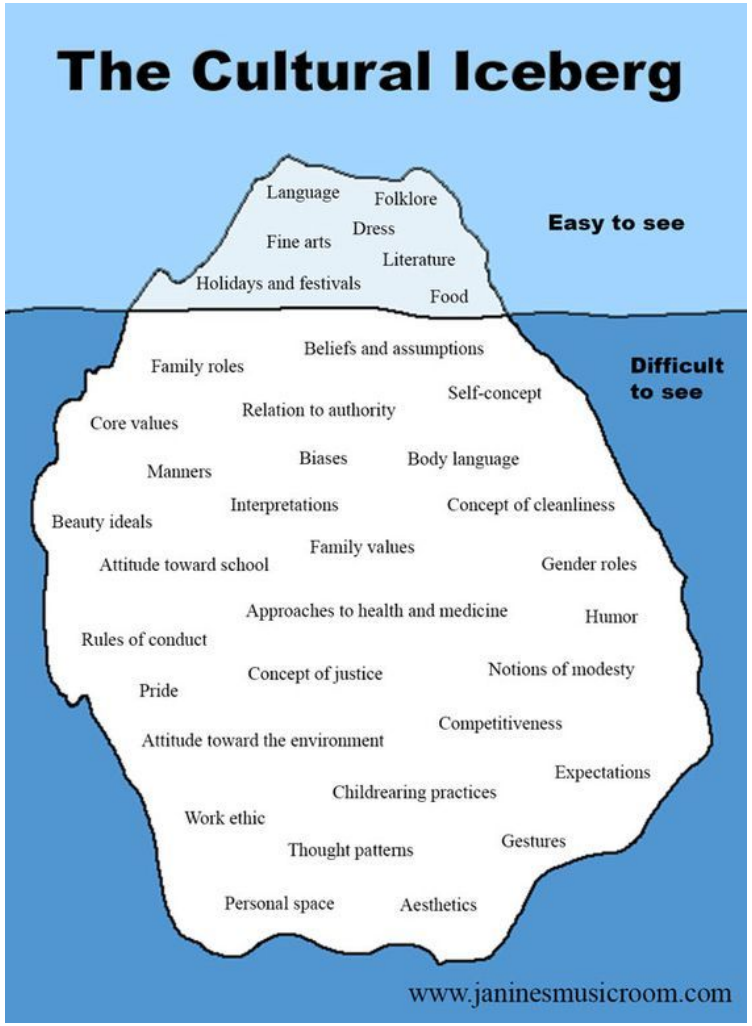
What is Culture?

The body of learned beliefs, traditions, principles, and guides for behavior that are commonly shared among members of a particular group. Culture serves as a roadmap for both perceiving and interacting with the world.

The Cultural Iceberg

- Race
- Ethnicity
- Gender
- Spirituality/Religion
- History of the culture
- Sexual Orientation
- Language



The Culture Tree

Shallow Culture:

- *Unspoken Rules*

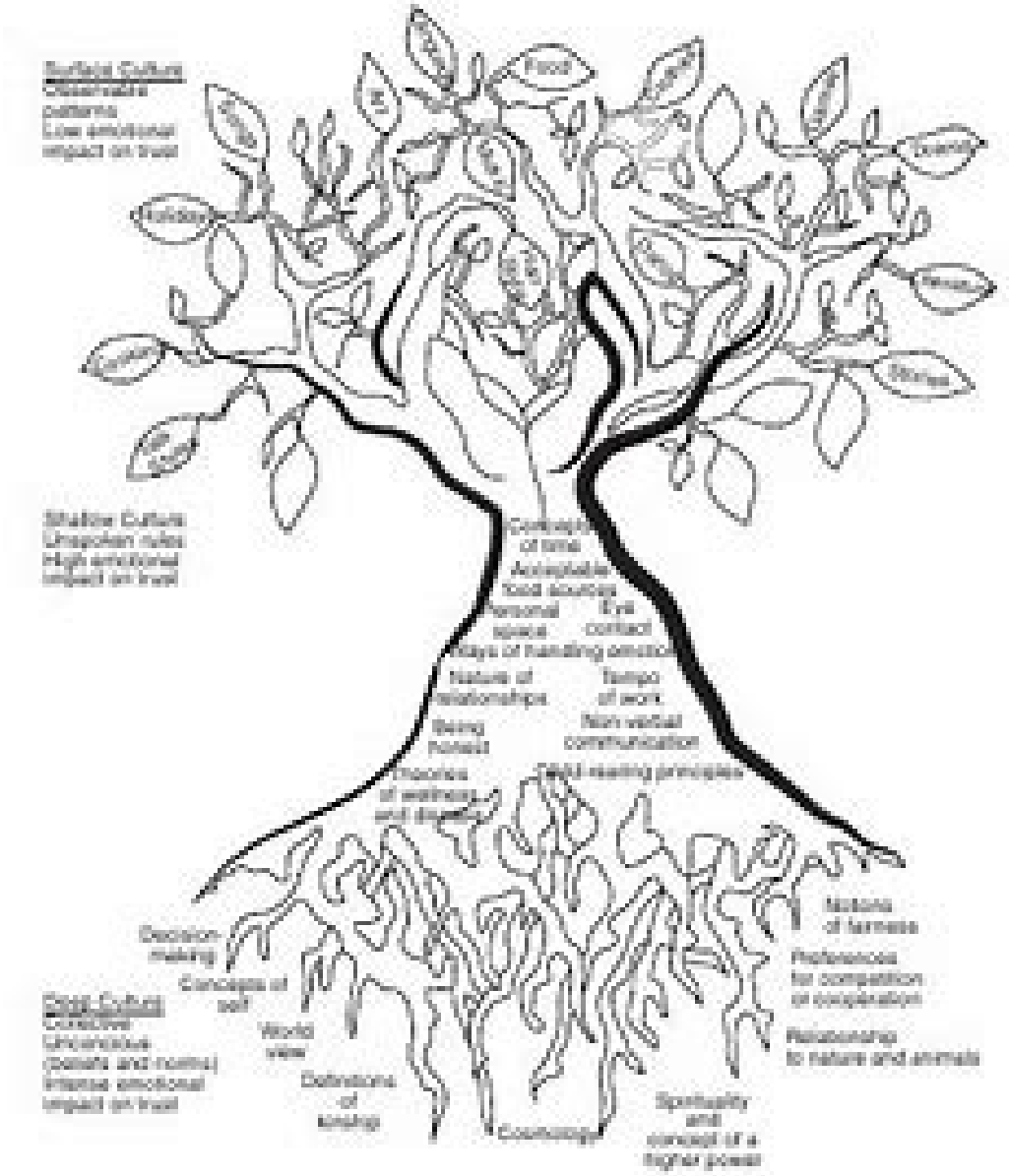
Surface Culture:

- *Observable Patterns*

Deep Culture:

- *Collective unconscious beliefs and norms*

Deep Culture is like the root system of a tree. It is what grounds the individual and nourishes his mental health



What Shapes Culture?

4 Major Factors or Forces that have most impact on culture

1. Economics
   - Socioeconomic factors

2. Geography
   - Food
   - Clothes
   - Resources

3. History
   - Customs
   - Beliefs/Practices
   - Experience with oppression or discrimination
   - Language

4. Politics
   - Majority Culture
   - Laws

Cultural Humility

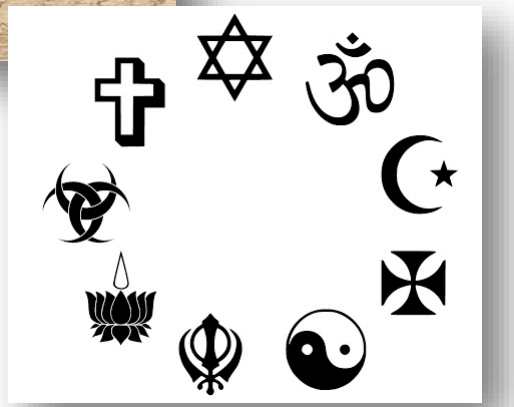
Cultural humility is a humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures, and approach learning about other cultures as a lifelong goal and process.

Why is Cultural Humility Important in the National DPP?

- Cultural forces are powerful determinants of health-related behavior
- A lack of knowledge or curiosity to health beliefs and practices of different cultures can limit one's ability to provide quality coaching
- Imperative for participant retention (inclusion, belonging, trust)

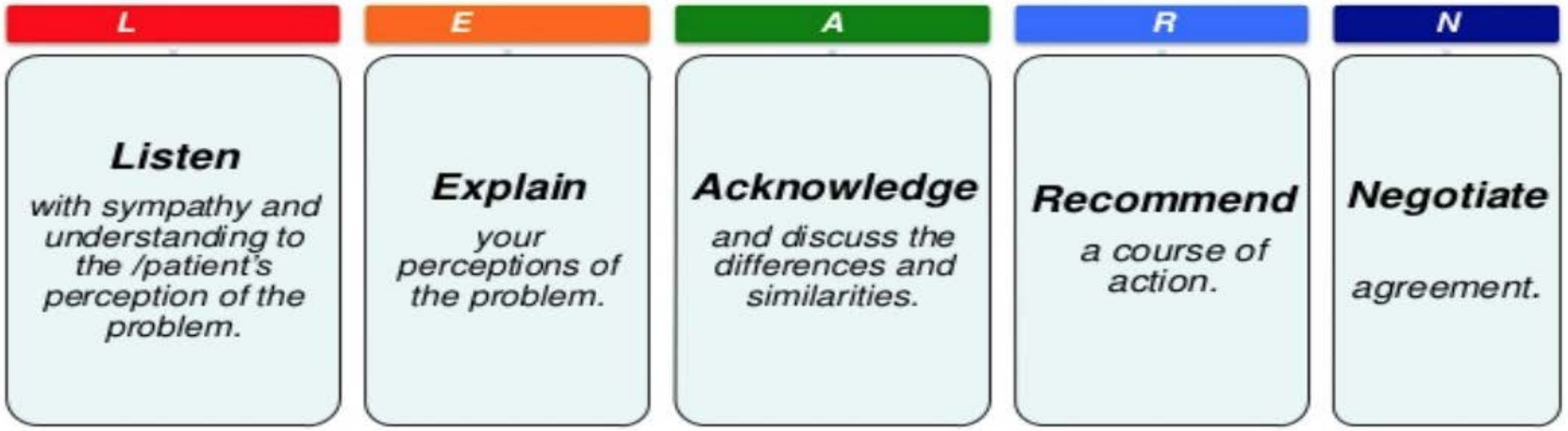
Examples

- Some examples for consider
  - My Plate
  - Using visual aids
  - Language barriers or concepts
  - Importance of religion
  - Ethics and Values
  - Educational achievement
  - Experience with group support
  - Social organization of different racial/ethnic groups



How Can I Be More Culturally Humble?

The LEARN Model



Adapted from Berlin EA. & Fowkes WC, Jr. (1983). A teaching framework for cross cultural health care--Application in family practice. *Western Journal of Medicine* 139 (6):934-938.

L - Listen

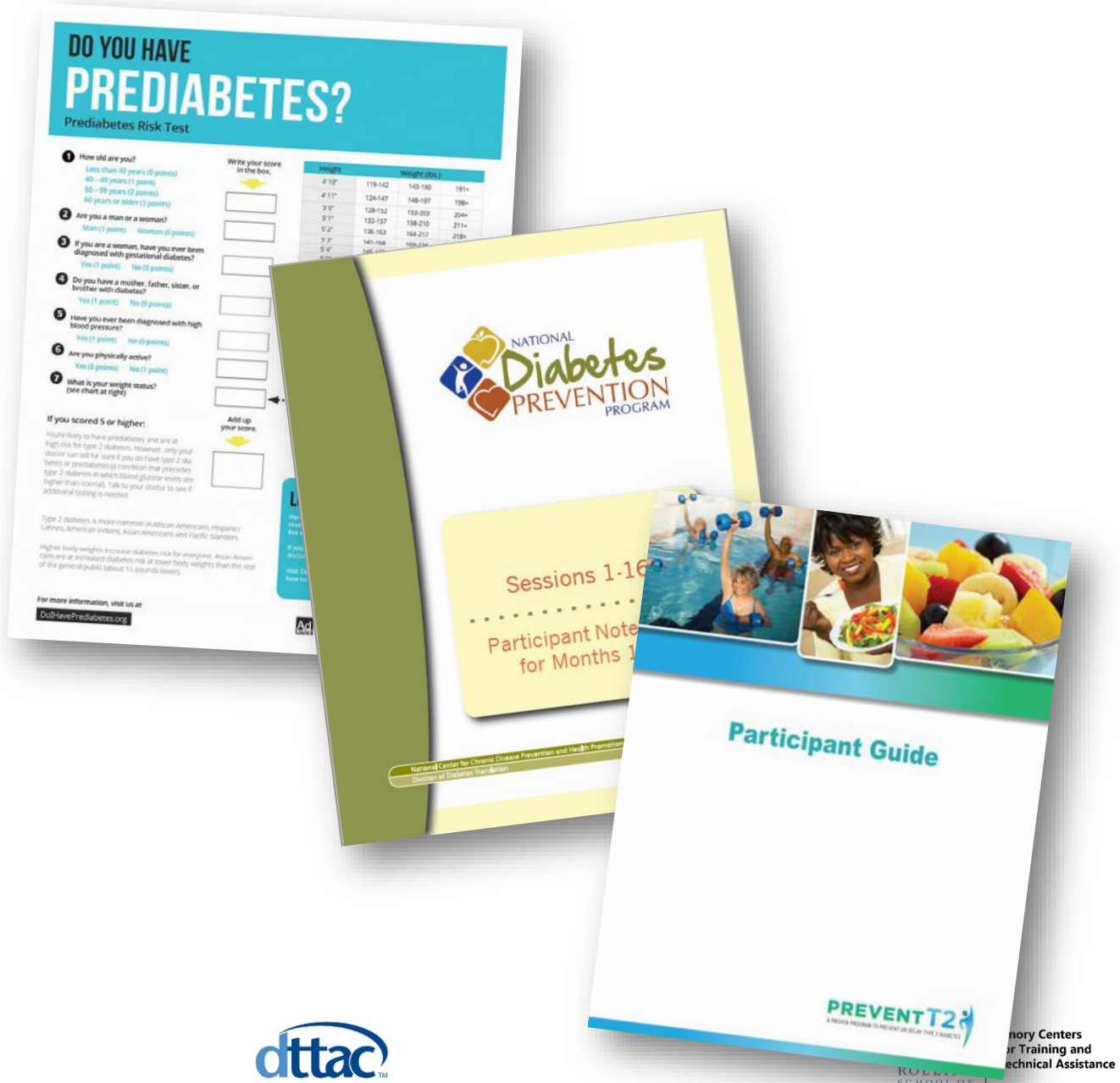
- Listen with sympathy and understanding to the participant's perception of the problem
- Empathy
  - The ability to understand and share the feelings of another
- Facilitation Skills
  - Non-verbal support
  - Active Listening
  - Silence
  - Open-ended questions

L - Listen

- What makes listening difficult?
  - Multiple demands
  - Lack of adequate or continuous training
  - Stressful conditions (time-limited, unrealistic expectations, etc)
  - Too many participants

E - Explain

- Explain your perceptions of the problem
- “Problem” = prediabetes/diabetes
- Perception of “illness” and “disease”



E - Explain

- What makes explaining difficult?
  - Language barriers
  - Educational background
  - Lack of inclusive materials

A - Acknowledge

- Acknowledge and discuss the differences and similarities
- Different ≠ Wrong/Bad

Uncovering Needs and Realities

- Formal screening tool for Social Determinants of Health (SDOH)
- Informal screening for SDOH
- Needs assessment/landscape assessment data
- Coach insights and information from participants
- Referring providers
- Other

To screen or not to screen

- No current evidenced based screening recommendation for SDOH in clinical settings.
- Some National DPP organizations have included questions to assess SDOH into enrollment process
- Screening for SDOH should only occur if the information is used to modify program structure, delivery and/or provide resources and referral

"…*screening for social determinants is intrinsically different from traditional screening for medical problems. Both, however, require that screening occur in a setting where appropriate referral or linkage to resources to address an identified need can take place. To do otherwise would be ineffective and unethical.*"

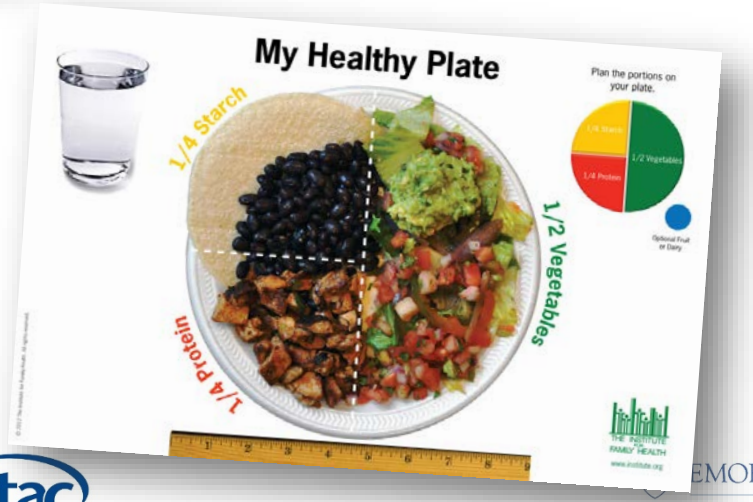
Perrin EC. Ethical questions about screening. J Dev Behav Pediatr. 1998;19(5):350–352.

Screening tools for SDOH

- National Association of Community Health Centers: Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences - PRAPARE tool
- American Academy of Family Physicians Social Needs Screening Tool
- Accountable Health Communities Health Related Needs CMS Health-Related Social Needs Screening Tool (AHC-HRSN)

A - Acknowledge

- What makes acknowledging differences and similarities difficult?
  - Time
  - Resources
  - Knowledge



R - Recommend

- Recommend a course of action
- Listen for opportunities for course correction
- Propose or “recommend” processes or interventions in certain areas

Jerry, what a great idea about incorporating in more vegetables! Perhaps something to consider for your Action Plan Journal this week.

Shayla, you mentioned wanting to get more active this week. Why don’t we brainstorm some ways that you could accomplish that goal.

R - Recommend

- What makes recommending difficult?
  - Participant decides what changes they want to make
  - Power of influence

Nothing influences people more than a recommendation from a *trusted friend.*

N - Negotiate

- Come to an agreement
- What is feasible for participant?
- Knowing who you can push and who you cannot

8 sodas this week would be a great goal!

The recommended amount of physical activity each week is 150 minutes. You said that is unrealistic for you, what would be reasonable for you to do this week?

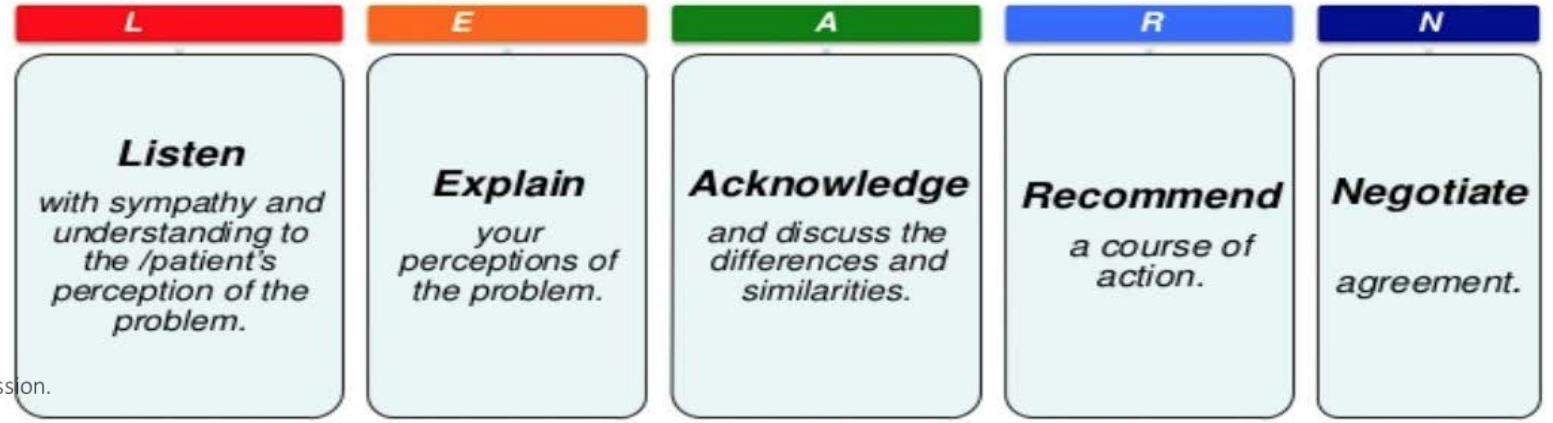
N - Negotiate

- What makes negotiating difficult?
  - Taking less than what you wanted
  - Feeling “defeated”

What makes L.E.A.R.N easy?

- Knowing the cultural characteristics of your population

  - What cultures are predominantly represented in your field?
  - What are the values, beliefs, traditional concepts particular to these groups?
  - Who are the “gatekeepers” of health within these groups?
  - What is the group’s perception of life and their reality?

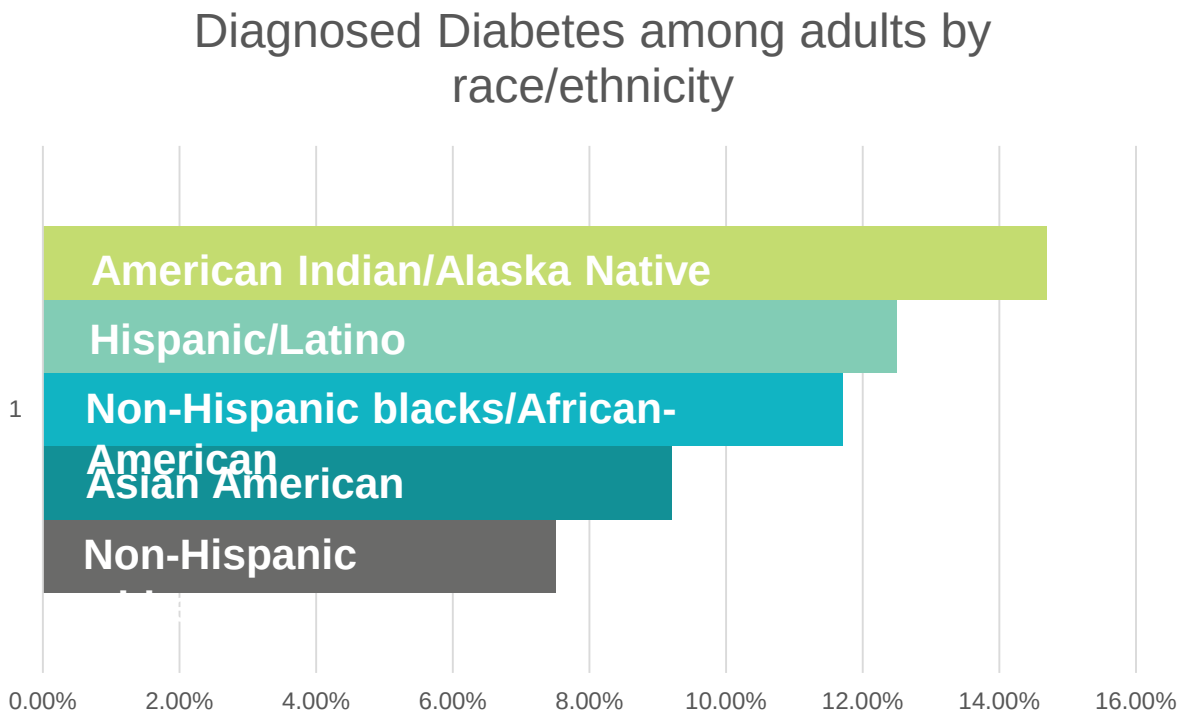


Cultural Variables for Consideration

- Ethnicity
- Race
- Gender
- Spirituality/religion
- History
- Sexual orientation
- Language

Culture and Diabetes

- Prediabetes prevalence similar among all racial/ethnic groups
- Racial/ethnic groups more likely to develop type 2 diabetes
  - Black/African-American
  - Hispanic/Latino
  - American Indian/Alaska Native



Engaging with Culture at the Center

Western

- Individual focus
- Self-reliance
- Open & Direct
- Personal achievement
- Competition
- Cause & effect thinking
- Importance of doing

Communities of color

- Group focus
- Interdependence
- Indirectness
- Interpersonal relations
- Cooperation
- Relationship-oriented thinking
- Importance of being

Helpful Research

- The “A to Z” of Managing Type 2 Diabetes in Culturally Diverse Populations
- A. Enrique Caballero

Aculturation
Biology
Clinicians’ cultural awareness
Depression and Emotional Distress
Educational level
Fears
Group Engagement
Health Literacy
Intimacy/Sexual Dysfunction
Judging
Knowledge of the Disease
Language
Medication Adherence
Nutrition
Other Forms of Medicine
Perception of Body Image
Quality of Life
Religion and Faith
Socio-economic status
Technology
Unconscious Bias
Vulnerable Groups
Why?
Xercise!
You are in charge
Zip it!