Association for Multicultural Affairs in Transplantation

"Serving Multicultural Perspectives"
Welcome and Introductions

Diversity vs. Multicultural – Do You Know the Difference?
Will Ross, MD, MPH

Q&A
Moderator: Rhonda M. Griffin  
AMAT African American Committee

Speaker: Will Ross, MD, MPH  
Associate Dean for Diversity  
Associate Professor of Medicine, Renal Division  
Washington University School of Medicine
Agenda

Welcome and Introductions

Building and Embracing Community Partnerships
Debra Brown

Minority Donation Awareness Campaign at Hartford Hospital
Jami Tyska

Q&A
Diversity vs Multicultural – Do You Know the Difference?

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Learning Objectives

• Understand the dynamic nature of pluralism, diversity, and multiculturalism
• Assess personal and institutional level of cultural competence, i.e., capacity for inclusion
• Articulate benefits of cultural diversity
• Develop successful strategies to creating a diverse and cultural competent institution
Culture

- Set of values, beliefs, attitudes, languages, symbols, rituals, behaviors, customs of a group of people
- Learned and shared
- Dynamic and changing
Cultural Diversity and Health Care

• Pluralism: A situation in which people of different social classes, religions, races, etc., are together in a society but continue to have their different traditions and interests.

• Multiculturalism: The recognition and acknowledgement that society is pluralistic. In addition to the dominant culture, there exists many other cultures based around race, ethnicity, sexual orientation, gender, religion, class, geography.
# Pluralism vs. Multiculturalism

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<tr>
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<th>Pluralism</th>
<th>Multiculturalism</th>
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<tbody>
<tr>
<td><strong>Public Sphere</strong></td>
<td>Individuals are treated as equals in a common (neutral) public sphere.</td>
<td>The public sphere is not culturally neutral. Public sphere is an arena for cultural negotiation. No group should dominate in a way that excludes other cultural forms.</td>
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<td><strong>Cultural Diversity</strong></td>
<td>Different cultures <em>allowed</em> in a separate cultural sphere, but society has no obligation to acknowledge or support alternative cultural forms. Thus, pluralism also allows for the dissolution of cultural formations.</td>
<td>Different cultures are <em>encouraged</em>. Individuals are considered part of collectivities that provide meaning to their lives. Multiculturalism seeks ways to support these collectivities.</td>
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| **Dominant Principles**        | 1. Equality of opportunity  
2. Freedom of association                                                                 | 1. Affiliation  
2. Cultural recognition                                                                 |
| **Educational Goals**          | 1. Mitigate social inequality to ensure merit is rewarded.  
2. Individuals have the right to choose and alternatives should be allowed to offer individuals choices.  
3. Individuals have a right to develop their talents and interests and institutions should challenge individuals by providing different experiences. | 1. Cultural pride should be encouraged.  
2. Cultural respect should be fostered  
3. Cultural information should inform individuals about the range of historical experiences that have affected those who are or have been considered culturally different. |

Cultural Diversity—Tantamount to Multiculturalism

• Based on Cultural Sensitivity: The ability to be open to learning about accepting of different cultural groups.
• Differences based on cultural, ethnic, and racial factors
• “Salad Bowl” vs. “Melting Pot” approach
• Must be considered when providing healthcare
• Healthcare providers must recognize and appreciate the characteristics of all patients
Cultural competence requires that organizations:

• have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.

• have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.

• incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.
Definition: Diversity and Inclusion

• Diversity is about understanding and maximizing differences – the variety of perspectives, opinions and contributions that we each bring to the business

• Inclusion is about leveraging diversity to create an environment and culture that is welcoming, collaborative and productive

To make this work for any business, our challenge as leaders is to create an inclusive environment that will drive diversity into the business.
Diversity and inclusion take on a much broader perspective to embrace the multitude of ways we are different, as seen in the dimensions of diversity model.
Continuum of Cultural Competency

- **Cultural Pre-Competence**: explore cultural issues, are committed, assess needs of organization and individuals
  - differences ignored, “treat everyone the same”, only meet needs of dominant groups

- **Cultural Competence**: recognize individual & cultural differences, seek advice from diverse groups, hire culturally unbiased staff

- **Cultural Proficiency**: implement changes to improve services based upon cultural needs

- **Cultural Blindness**: racism, maintain stereotypes, unfair hiring practices

- **Cultural Incapacity**: forced assimilation, subjugation, rights and privileges for dominant groups only

- **Cultural Destructiveness**
What do we ask diversity to do?

• Realize Values
• Address Complex Problems
• Enhance Viability
Realize Values

- Charter of Medical Professionalism
  - Principle of Patient Welfare
  - Principle of Patient Autonomy
  - Principle of Social Justice

Crossing the Quality Chasm, IOM
- Health care should be:
  - Safe
  - Effective
  - Patient-centered
  - Timely
  - Efficient
  - Equitable
The Value of Diversity in Addressing Complex Problems: Diversity Toolbox Unpacked

- Diverse Perspectives: ways of representing situations and problems
- Diverse Interpretations: ways of categorizing or partitioning perspectives
- Diverse Heuristics: ways of generating solutions to problems
- Diverse Predictive Models: ways of inferring cause and effect

Racial and ethnic disparities in healthcare occur in the context of broader historic and contemporary social and economic inequality, and there is evidence of persistent racial and ethnic discrimination in many sectors of American life.

2002 Institutes of Medicine Report
Health Disparities: Communities of Color are Disproportionately Affected
Enhance Viability: A Changing National Demographic Landscape

2000
- US - 30% Minority
- >50% Minority population
  - DC
  - Hawaii
  - New Mexico
  - California
- US – 40% under age 15 are minority
- California – 65% under age 15 are minority

Today
- US - 35% Minority
- >50% Minority population
  - DC
  - Hawaii
  - New Mexico
  - California (57%)
  - Texas
- US – 46% under age 15 are minority
- California – 72% under age 15 are minority
Enhance Viability:
Capturing the Potential Benefits of Diversity Inclusion

Courtesy of Joan Reede, Harvard Medical School
Managing Diversity is a:

- Social Issue
- Moral Issue
- Performance Issue
- Quality Issue
Caveat: Diversity ≠ Stereotyping

The process by which people use social categories (e.g. race, sex) in acquiring, processing, and recalling information about others. Stereotyping can exert:

- Powerful effects on thinking and actions at an implicit, unconscious level, even among well-meaning, well-educated persons who are not overtly biased
- Influence on how information is processed and recalled
- “Self-fulfilling” effects, as patients’ behavior may be affected by providers’ overt or subtle attitudes and behaviors
NIH Policy on Reporting Race and Ethnicity Data: Subjects in Clinical Research FY2002

NIH adopted 1997 OMB revised minimum standards

- “The categories in this classification are social-political constructs and should not be interpreted as being anthropological in nature”

- “Using self-reporting or self-identification to collect an individual’s data on ethnicity and race, investigators should use two separate questions with ethnicity information collected first followed by the option to select more than one racial designation”.

DHHS: NIH Monitoring Adherence to the NIH policy on the Inclusion of Women and Minorities as Subjects in Clinical Research. NIH Tracking/Inclusion Committee 2005
OMB Revised Minimum Standards for Federal Data on Race and Ethnicity: Directive 15

Ethnic Categories:

- Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino

DHHS: NIH Monitoring Adherence to the NIH policy on the Inclusion of Women and Minorities as Subjects in Clinical Research. NIH Tracking/Inclusion Committee 2005
Racial Categories:

- **American Indian or Alaska Native**: A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment.

- **Asian**: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.

- **Black or African American**: A person having origins in any of the black racial groups of Africa.

- **Native Hawaiian or Other Pacific Islander**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- **White**: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Why is Diversity & Inclusion So Important?

Business of Choice

- Culture that values people
- Talent development is a priority
- Employee referrals are a strength
- Access broadest talent pool

Inclusive environment

Drive Business Results and Competitive Differentiation

- Understand and exceed expectations
- Create customer loyalty
- Build competitive advantage

Innovation

- Identify and explore new opportunities
- Draw upon unique and different skills, styles, experiences and perspectives
- Recognize achievements

Customer Insights

Michelle Gadsden-Williams, Vice President and Global Head Diversity and Inclusion. NOVARTIS
Diversity & Inclusion Fundamentals

- Diversity is the foundation; without it the pyramid collapses.
- When an inclusive environment is created, we leverage diversity.
  - Diversity + Inclusion = Innovation & Growth
To support a long-term vision, a meaningful D&I strategy must have the following 4 key components:
Enrichment of the Diversity Pipeline will require a recognition of the real differences between the social, cultural, economic, and relational dynamics of urban vs. less urban populations.

Strategies for success will demand careful tailoring (and rigorous assessment), since “one size will definitely not fit all”
Our Vision: Advancing human health through the best clinical care, innovative research and the education of tomorrow’s leaders in biomedicine in a culture that supports diversity, inclusion, critical thinking and creativity (Adopted September 2013).
The Pipeline is Only Part of the Solution, Institutional Culture Must Also be Addressed: The Need for Cultural Climate Assessments

“Even if the pipeline were awash with women and minorities, a fundamental challenge would remain: the pipeline empties into territory that women and minorities find uninviting, unaccommodating, and unappealing.”

Trower and Chait, 2002
Bias in science education, biomedical research, and academic medicine leadership does not by nature reside in deliberate ill-intent towards women and minorities. Instead, it reflects the longstanding racial and gendered nature of medicine and research policies and procedures.
Need for an Institution-Wide Strategic Approach for Diversity and Inclusion

- Identify strengths and challenges in promoting diversity and inclusion
- Establish clear metrics for success
- Provide evaluation and accountability in efforts to promote diversity and inclusion
- Codify pipelines programs for faculty recruitment and retention that work
Shifting assumptions about diversity:

- Minorities speak for all members of their background.
- Minorities are interested in serving on diversity committees.
- “Where are you from?”
- Minorities and women need to be overly praised for small accomplishments.
- Diversity takes away opportunities from majority faculty members.
- Everyone has a traditional family structure.
- Colleagues speaking a foreign language are talking about you.
- Students and colleagues feel comfortable with self-promotion.

- Build a concentration of minority or female colleagues.
- Shield early career faculty from too much service.
- Pronounce names correctly.
- Reward everyone equally for outstanding performance.
- Explain the benefits of diversity.
- Use gender-neutral pronouns.
- Engage colleagues in scientific conversations.
- Provide mentorship.
Diversity Taxes: Roles that Pioneers Must Play

- More than competent to do the job
- Able to fit into the organization and its culture
- Willing to take responsibility for making other members of the organization feel comfortable
- Able to represent your identity group
- Capable of disproving colleagues’ preconceptions about members of that identity group
- Willing to accept and work to overcome colleagues’ discomfort, inability
- Able to deal with constant questioning as to whether the job was attained because of competence or difference
- Serving on committees, task forces and public appearances related to you identity (none of which is in your job responsibilities or considered in your performance appraisal
- Assist as needed in recruiting and outreach

Source: F. Miller and J. Katz, 2007
Cultural Competence in the Delivery of Health Care Services

The Process Of Cultural Competence

CULTURAL AWARENESS

CULTURAL KNOWLEDGE

CULTURAL DESIRE

CULTURAL SKILL

CULTURAL ENCOUNTERS
Conclusion

• Pluralism is passive – our goal is to develop active, multicultural institutions.

• Multiculturalism requires an understanding that several groups continue to experience health inequities, based on their marginalization by the dominant culture.

• Strategies for success include a candid assessment of institutional culture and active inclusion of target, or marginalized groups.
Q/A
A Special Thanks to the Organ Donation and Transplantation Alliance, HRSA, Mike Hudson

Thank You!

AMAT African American Committee