

Incorporating Cultural Competence into Emergency Management Programs

Laurie Shanderson, PhD, MPA
Dale L. Sanders, DO, MBA

Dr. Martin Luther King Jr.

“Make a career of humanity. Commit yourself to the noble struggle for equal rights. You will make a greater person of yourself, a greater nation of your country, and a finer world to live in.”

Why are you here?

The disparities found in at-risk populations present an additional challenge for professionals and emergency managers relative to providing services that are culturally competent. Preparing students who are competent, culturally aware, and sensitive is critical for educational institutions that provide related degree options and programs. With consideration to social determinants, this presentation will demonstrate the value of cultural competency training.

What is cultural competence?



Why cultural competence?

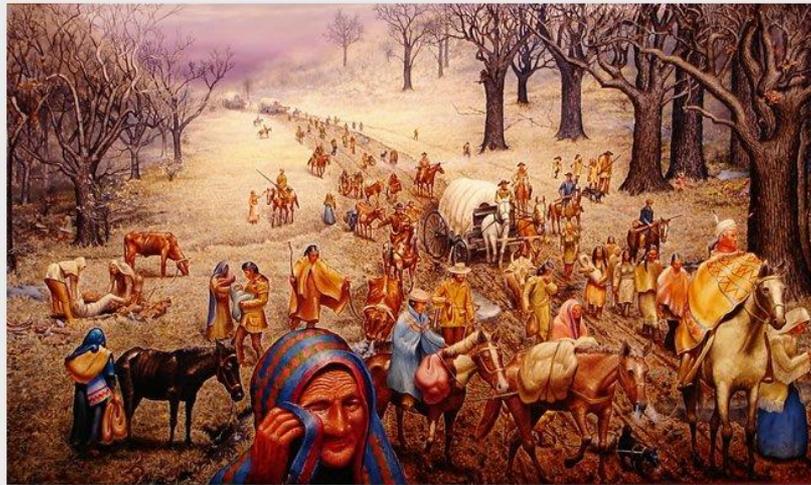
Cultural competence is a skill needed to avoid misdiagnosis, mistreatment, and cultural misunderstanding. Without this, disparities in care will persist. Preparing students who are competent, culturally aware, and sensitive is critical for educational institutions which provide related degree options and programs.

Changing Status of Americans in U.S. History 1619 - 2012

Slavery 1640 - 1863

– 244 years

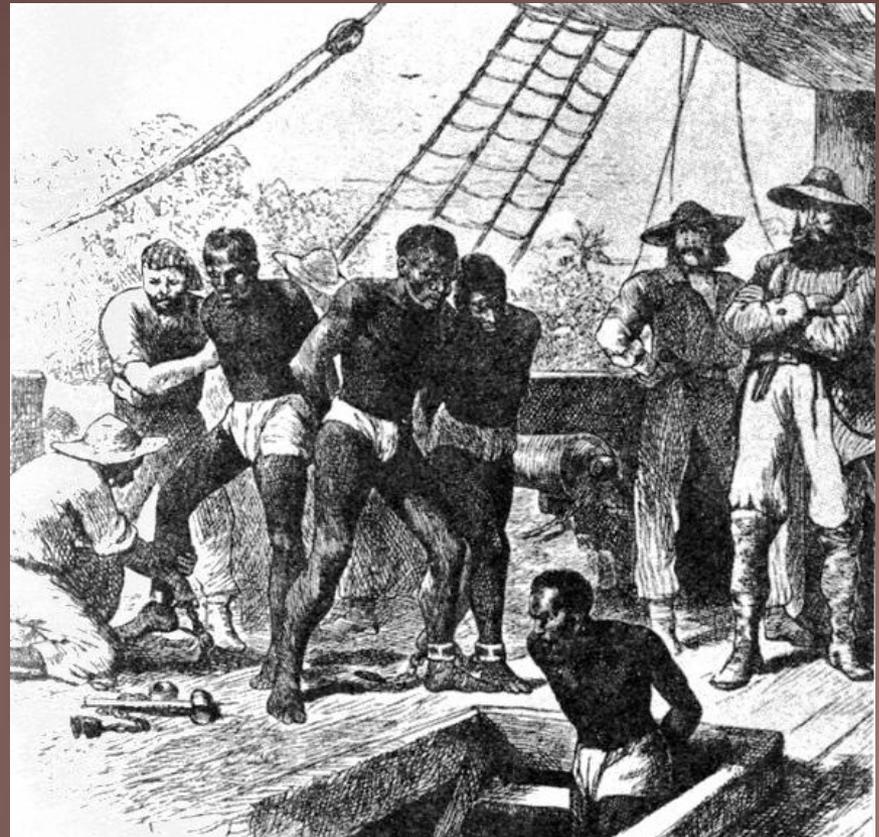
– **62 %**



R. Michelson Galleries

"The Trail of Tears"

© 2007 Max D. Standley



Changing Status of Americans in U.S. History 1619 - 2012

Reconstruction & Jim Crow 1863 - 1965

- 102 years
- **26 %**



Changing Status of Americans in U.S. History 1619 - 2012

Post-Civil Rights 1965 to present

- 47 years
- **Only 12 %**



LIBRARY OF CONGRESS, PRINTS & PHOTOGRAPHS DIVISION, NYWT&S COLLECTION



Looking at the big picture...

- Post-Civil Rights 1965 to present
 - 47 years
 - **12 %**
- Reconstruction & Jim Crow 1863 - 1965
 - 102 years
 - **26 %**
- Slavery 1640 - 1863
 - 244 years
 - **62 %**

What are the aggressions?

- **Microaggressions** are everyday expressions that send denigrating messages to a target group such as people of color, women, and homosexuals (Sue et al., 2007).
- **Macroaggressions** are often less subtle in nature and can be manifested in the verbal, nonverbal, visual, or behavioral realm. They are often enacted automatically and unconsciously (Solorzano, Ceja, & Yosso, 2000).

Microaggressions at their best!

- **Microinsult** (often unconscious) *Behavioral/verbal remarks or comments that convey rudeness, insensitivity and demean a person's racial heritage or identity.*
- **Microassault** (often conscious) *Explicit racial derogations characterized primarily by a violent verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior or purposeful discriminatory actions.*
- **Microinvalidation** (often unconscious) *Verbal comments or behaviors that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color.*

Victims - vulnerable, weak, tragic object of violence & abuse.



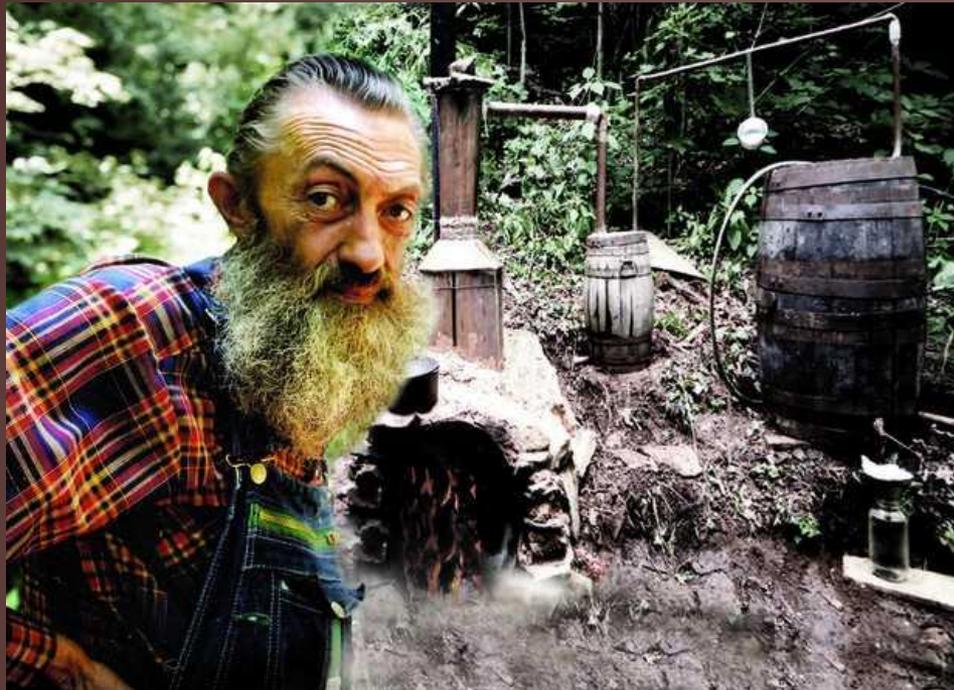
The disabled should be pitied.

Overweight people are lazy.



Some people are too fat to be productive.

Someone from a low income community is not as smart as someone who is not.



Those who are poor aren't smart.

The elderly are sick, vulnerable or grumpy.



Older people are useless.

An individual who brings up religion in work/school setting is dismissed.



Leave your religious baggage at the door.

“You are a credit to your race.”



People of color are generally not as intelligent as whites.

A female doctor is mistaken for a nurse.



Women only occupy nurturing roles.

A heterosexual man who hangs out with his female friends more than his male friends is labeled a “faggot”.



Men who act like women are inferior (women are inferior)/gay men are inferior.

A therapist asks all substance abuse questions in an intake with a Native American client, and is suspicious of the client's nonexistent history with substances.



You are deviant.

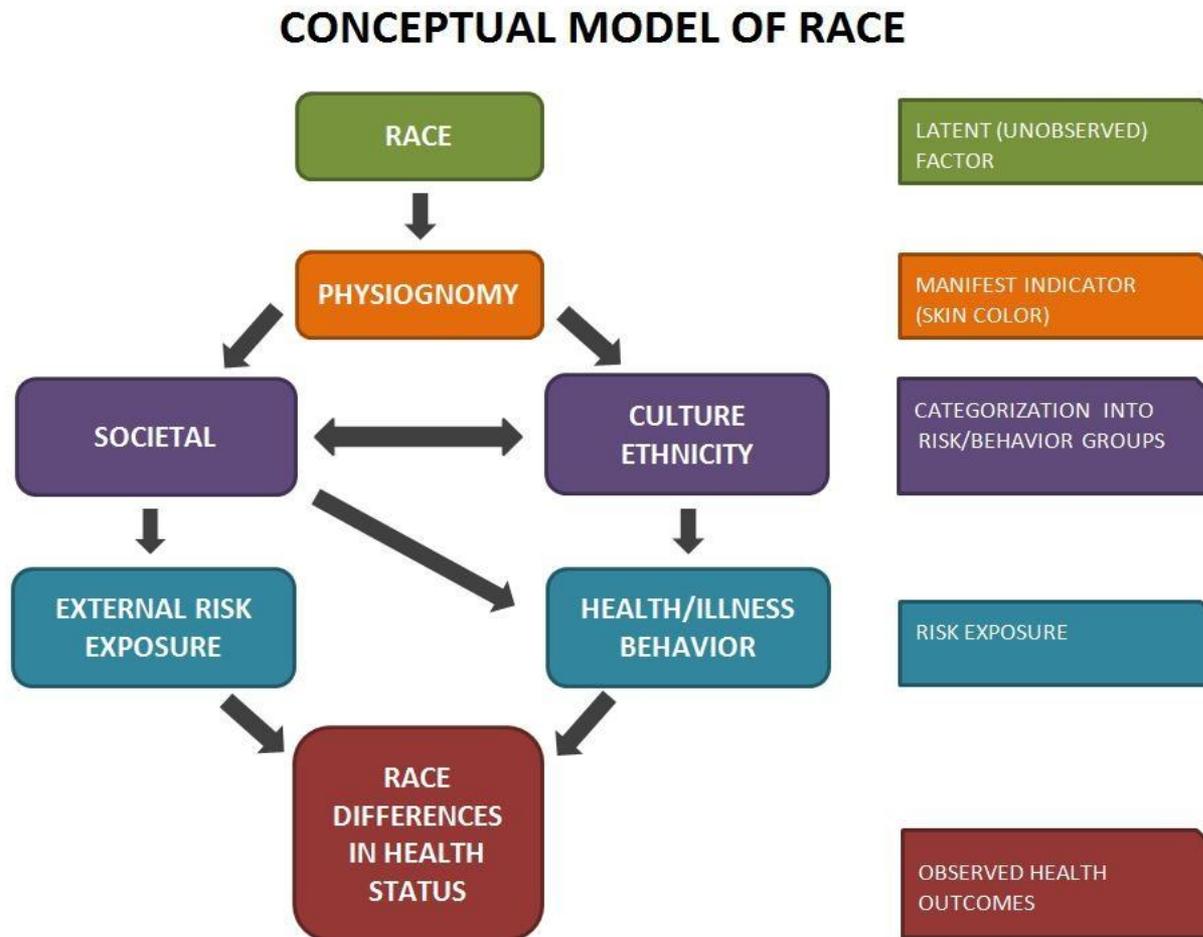
“Where are you from?”
“Where were you born?”
“You speak good English.”



You are not American.

Conceptual Model of Race

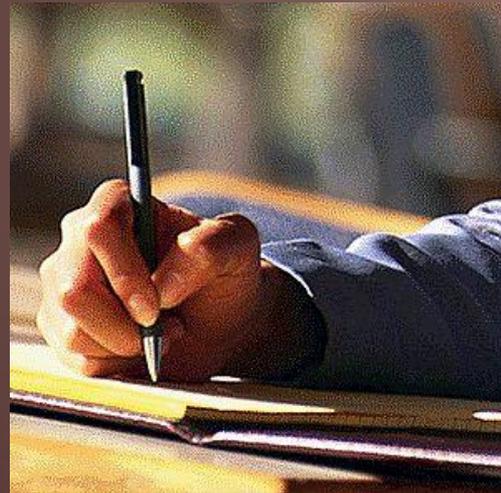
(Adapted from Thomas A. LaVeist (2005))



Innovative Teaching Strategy

#1: Critical Reflections

Students engage in guided reflection exercises, journaling, and group presentations after being exposed to historical videos. Reflective writing exercises may also be used for the purpose of critically analyzing how historical events have had a significant impact on health status today.



Innovative Teaching Strategy #2: Alternative based courses

Students travel to different communities in order to break down barriers. Taking majority students to minority environments to understand issues. Bring students of different backgrounds together to discuss the issues.



Innovative teaching strategy #3: Service learning

An example is having students meet with the elderly in the community to discuss the historical context of healthcare from their perspective. Journals and/or student presentations are an excellent format for sharing information learned.



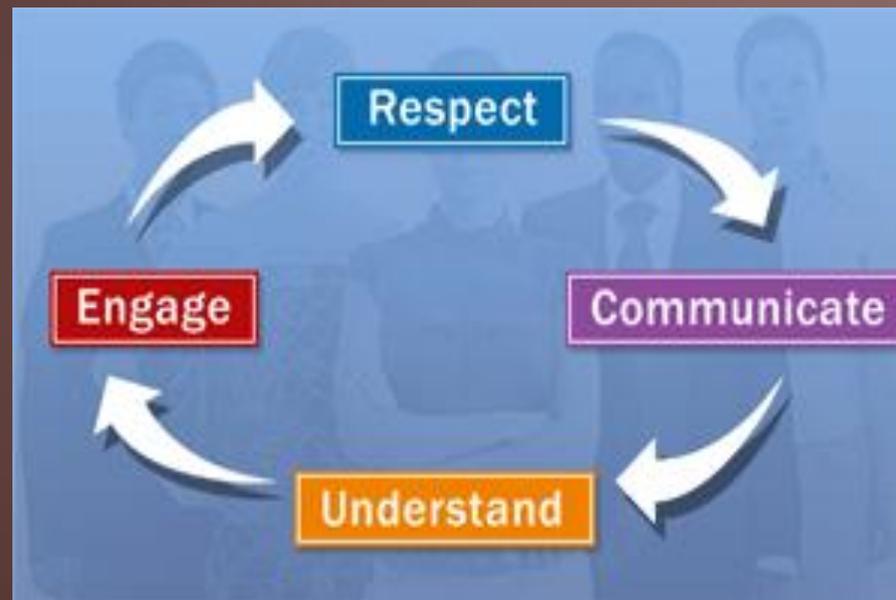
Your duty...

As an educator your job is to understand how different components feed into social determinants of health in order to understand why there are gaps.

Be comfortable stating that there are problems.

Dr. Martin Luther King Jr.

“The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.”



Thank you!

Laurie.shanderson@stockton.edu

sandlersdl@alma.edu

