SYSTEMS OF CARE CULTURAL COMPETENCY

Rural and Frontier Culture: Challenges and Opportunities for Implementing Systems of Care

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Learning Objectives

• Participants will be introduced to various cultural barriers in rural areas.
• Participants will become aware of how local collaboratives address cultural issues.
• Participants will learn the five step process of cultural awareness.
What is culture?

- “learned and shared human patterns or models for living; day-to-day living patterns. These patterns and models pervade all aspects of human social interaction. Culture is mankind's primary adaptive mechanism.”
  

- “the collective programming of the mind which distinguishes the members of one category of people from another.”
  
What is Rural?
What is Frontier?

• Definition of rural:
  – Less than 2 hours from a metropolitan area
    • What does this mean to the people who live there?

• Definition of frontier:
  – More than 2 hours from a metropolitan area and/or a population density of less than 6 people per square mile.
    • What does this mean to the people who live there?
Various Cultural Barriers in Rural Areas

• Financial
• Geographical
• Educational
• Religious
• Racial/ethnic barriers
• Social Awareness and Activism
Evidenced-Based Practice

• Little research related to evidence-based programs has been conducted with diverse populations.*

• Assessing differences in outcomes for persons of different racial and ethnic origins or for persons of different cultures has not been a focus of such research.*

(*Consensus statement on evidence-based programs and cultural competency, July 2003)
Evidenced-Based Practice

There is a body of emerging research and knowledge that suggests appropriate adjustments can be made for specific cultural groups and partnerships with representatives of cultural communities that can result in more successful implementation.
Evidenced-Based Practice

Currently we do not know whether and what types of adaptations and modifications of an evidence-based practice are needed to ensure that its implementation does not create or exacerbate disparities across cultural groups.
Oklahoma Systems of Care

• In December 1999, a group of State agencies who serve Oklahoma children and families joined forces to engage in a three year commitment to fund and implement a Systems of Care pilot project.

• In 2002, the Federal government rewarded the State’s determination and commitment with a $9.4 million grant to the Oklahoma Department of Mental Health and Substance Abuse Services to fund a six-year Systems of Care project.
Oklahoma Systems of Care

• In 2009, the Oklahoma Department of Mental Health and Substance Abuse Services was awarded a five-year federal grant for a statewide Systems of Care expansion.
Oklahoma Population

- 64% of Oklahomans live in urban areas
  - 60% live in just 2 cities—Oklahoma City and Tulsa
- 21% live in rural areas
- 15% live in frontier areas
Rural and Frontier

• Rural areas are NOT homogenous.
  – Traditions and cultures vary.
  – Racial and ethnic backgrounds vary.
Challenges

- Isolated frontier & rural areas of the state
- Historical trauma and mistrust
- Lack of services
- Staff and physical facility not reflective of the population of focus
- Poverty
- Racial/ethnic tensions
Challenges

- Rural areas are NOT homogenous.

BUT

- Goldfish bowl effect means that everybody watches everybody else.
- Differences are noted and remarked upon.
- Conformity is valued.
  - Attitudes
  - Interactions between men and women
  - Church attendance
  - Sexual orientation
Challenges

One example in Oklahoma:

- Life expectancy of white people during slavery was **20% longer than that of** people of African descent.
- In Tulsa today, life expectancy in the 74114 ZIP code (90.2% white) **18% longer** than in the 74126 ZIP code (81.8% people of color) just five miles away.
Rural and Frontier vs. Urban

• Issues and/or Stereotypes to get discussion started:
  – City slicker vs country hick
  – Fast talker vs slow talker
  – Rich vs poor
  – College educated vs high school educated
  – Older first-time mothers vs teen-aged mothers
  – New car vs old pickup
  – Pop music vs country music
  – Kale vs fried green tomatoes
  – Anonymity vs everybody knows your business
Challenges

• Small Groups
  – Discuss situations you’ve encountered
Challenges

Groups Report
Five Step Process for Cultural Awareness

1. Be aware of your own culture and values and respect differences.
2. Be aware of your own biases and how these may affect interactions with others.
3. Be aware of institutional barriers that prevent some cultural groups from accessing resources.
4. Be able and willing to be an ally to individuals who are different from yourself.
5. Be able to build strong cross cultural team relationships and to be comfortable with difference.
Rural and Frontier Systems of Care

Rural people are often referred to urban areas for health care.

• Health Care
  – Rural residents are less likely to have employer-provided health care coverage or prescription drug coverage, and the rural poor are less likely to be covered by Medicaid benefits than their urban counterparts.
Rural and Frontier Systems of Care

Rural people are often referred to urban areas for health care.

• Money
  – On the average, per capita income is $7,417 lower than in urban areas, and rural Americans are more likely to live below the poverty level. The disparity in incomes is even greater for minorities living in rural areas. Nearly 24% of rural children live in poverty.
Rural and Frontier Systems of Care

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• Transportation
  – Car? Will it make it?
  – Gas money?
  – No public transportation
Rural and Frontier Systems of Care

Rural people are often referred to urban areas for health care.

• Day Care
  – Who will watch the other children? Pick them up from school?

• Day off work?
  – Paid leave unlikely
  – Don’t work, don’t get paid
Rural and Frontier Systems of Care

Rural people are often referred to urban areas for health care.

• Stigma
  – Many people would rather tell employers they committed a petty crime and served time in jail, than admit to being in a psychiatric hospital.
What have we learned?

- Mental health disparities occur in the context of broader historic and contemporary social and economic inequality and possible discrimination due to lack of understanding of culture and how it impacts us.
What can we do?

• We recognize culture as an aspect of:
  – Race/ethnicity
  – Socioeconomic status
  – Gender
  – Age
  – History/tradition
  – Geography

• We work to be inclusive.
  – We partner with everybody!
  – We continually strive to be culturally aware and respectful.
What can we do?

• Health care providers and support staff need to reflect on their internalized biases and begin to dismantle the structures of racism we have all absorbed.

• This is a long-term process that involves investment of time and resources.

• Oklahoma Systems of Care is working diligently to spread cultural awareness to provide health equality for all Oklahomans.
Rural and Frontier Systems of Care

Organizational Assessment

• Agency-wide assessment of cultural competence
  – Can help your agency understand how policies, procedures, and mission statements are aligned with service populations’ ideas of quality services and delivery.
  – Provides a process to assess the policies, procedures, mission statements, and community perceptions of an agency.
  – Helps design a formal plan to assess, review, and revise policies and procedures to make them culturally responsive for the agency’s service populations. It also helps align policy with practice.
Rural and Frontier Systems of Care

Organizational Assessment

• Agency Knowledge of the Service Community
  – Who?
    • All staff, board members, committee members, partnering agencies, and volunteers.
  – Why?
    • Ensures that an agency understands the community it is serving.
  – Value?
    • The agency’s staff can find out the values of the community to tailor its services to meet the community’s needs.
  – Open communication and willingness to confront issue
Rural and Frontier Systems of Care

“Most important thing is having them (rural/frontier community) tell us (behavioral health service providers) what they need, instead of us telling them what they need.”
For More Information:

- **Triple Jeopardy: Rural, Poor, and Uninsured**

- **Medicaid and Its Importance to Rural Health**
  - [http://www.rupri.org/Forms/IssueBrief.pdf](http://www.rupri.org/Forms/IssueBrief.pdf)

- **Rural Policy Research Institute State Profiles**

- **Consensus statement on evidence-based programs and cultural competency, July 2003**

- **Rural Culture is a Diversity Issue**

- **Mental Health: A Report of the Surgeon General**
  - [http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec8_1.htm](http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec8_1.htm)