



SESSION 4
CULTURAL AND LANGUAGE CONSIDERATIONS



1

INTRODUCTIONS



Erin Emery-Tiburcio, PhD, ABPP is the Co-Director of the E4 Center and a nationally recognized leader in aging, behavioral health, and improving care across all communities. She serves as Professor of Psychiatry & Behavioral Sciences and Geriatric Medicine, Director of Geropsychology, and Co-Director of the RUSH Center for Excellence in Aging.



Caryn Blanton, LCSW, ASW-G is the Program Manager for the E4 Center, bringing extensive clinical social work experience with adults and older adults, as well as years of experience with program management at RUSH. She also incorporates mind-body practices into her work as a certified yoga teacher with training in yoga-informed psychotherapy.

2

Program Overview

	Date	Title
Session 1	Feb 24	Common Challenges in Caregiving
Session 2	Mar 4	Compassion Fatigue
Session 3	Mar 11	Grief and Loss
Session 4	Mar 18	Cultural and Language Considerations
Session 5	Mar 25	Managing Caregiver Needs in the Room

3

CAREGIVER STORY

Christina DuBois

4

Cultural and Language Considerations in Working with Family Caregivers

Caryn Blanton, LCSW, ASW-G
Erin Emery-Tiburcio, PhD, ABPP

With acknowledgement to:

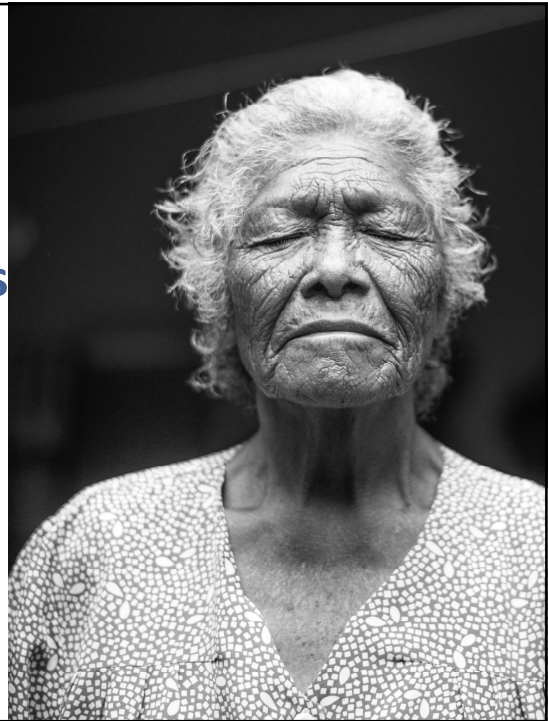
Yuri Jang, PhD University of Southern California

William E. Haley, PhD University of South Florida

The course director(s), planner(s), faculty and reviewer(s) of this activity have no relevant financial relationship(s) with ineligible companies to disclose.



Center for Excellence in Aging



5

To obtain credit you must:

Complete an electronic evaluation and generate your certificate.

Accreditation Statement:

In support of improving patient care, RUSH University Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Designation Statements

For Medicine: Rush University Medical Center designates this live activity for a maximum of 1.00 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn credit toward the CME of the American Board of Surgery's Continuous Certification program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABS credit.

For Nursing: Rush University Medical Center designates this live activity for a maximum of 1.00 nursing contact hour(s).

For Psychologists: Rush University Medical Center designates this live activity for 1.00 CE credits in psychology. Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

For Social Work: As a Jointly Accredited Organization, Rush University Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved continuing education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.00 general continuing education credits.

For Dietitians: This live activity has been approved by the Commission on Dietetic Registration. Completion of this activity awards 1.00 CPEUs.

For physical therapy or occupational therapy: RUSH University Medical Center is an approved provider for physical therapy (216.000378) and occupational therapy (224.000220) by the Illinois Department of Professional Regulation. Rush University Medical Center designates this live activity for 1.00 continuing education credits.

NBCC Credit: RUSH University Medical Center is an approved provider by the National Board for Certified Counselors (NBCC ACEP No. 7599). This activity has been approved for 1.00 NBCC credit hours.



6



Learning Objectives

- Describe differences in collectivist and individualistic cultures that may impact caregiving
- Recognize caregiving situations within diverse cultural contexts
- Identify culturally responsive practices in working with caregivers from diverse racial, ethnic, and cultural backgrounds
- Explain ways to incorporate cultural caregiving practices with available services and supports

7

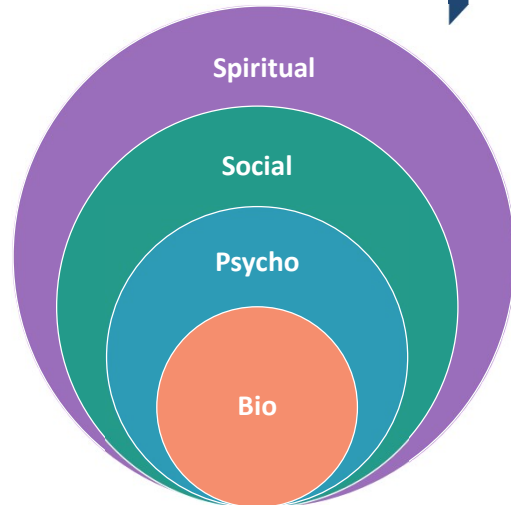
A large, vibrant, and complex abstract artwork. It features a central circular motif with intricate patterns, surrounded by various geometric shapes, colors, and textures. The artwork is framed by a decorative border. In the top right corner of the slide, there are three vertical bars in red, blue, and green. In the bottom left corner, there is a logo for the 'E4 CENTER' at Rush University Medical Center. In the bottom right corner, there is the 'RUSH' logo.

8

Biopsychosocialspiritual Model



=



9

Michigan's Racial-Ethnic Composition, 2010 to 2020

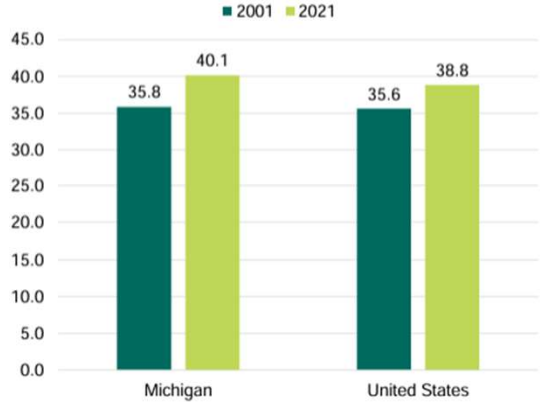
- In 2020, Michigan's five largest racial-ethnic groups were non-Hispanic white (72.4%), non-Hispanic black (13.5%), Hispanic/Latino (5.6%), Two or More Races (4.4%), and non-Hispanic Asian (2.4%).
 - There are three counties where the American Indian and Alaska Native population comprises 10% or more of the total county population.
- Change in population from 2010 to 2020
 - Non-Hispanic White: -274,000 persons (-3.6%)
 - Non-Hispanic Black: -25,000 persons (-1.8%)
 - Non-Hispanic Asian: +96,000 persons (+40.5%)
 - Hispanic/Latino: +128,000 persons (+29.4%)

[MI_Demographic_Trends.pdf](#)

10

Michigan is aging at a faster rate than the nation.

- The median age in Michigan increased by 4.3 years between 2001 and 2021.
- Michigan was the 29th oldest state in 2001 but is now the 14th oldest state.
- Michigan had the largest increase in median age among Midwestern states over the period.



Source: Population and Intercensal Estimates, U.S. Census Bureau

[MI_Demographic_Trends.pdf](#)

Cultural Responsiveness

- Respect and respond to an individual's
 - Cultural background
 - Values
 - Practices
- Be aware of your personal biases
- Promote services that are accessible to people from all backgrounds





Cultural Values Affect Caregiving

- Cultural values and health beliefs may impact how caregivers access health care
- Rural and under-resourced areas face different challenges than urban and resource-rich spaces

13



Cultural Norms

- Collectivist cultures prioritize family needs over individual needs
 - Involve extended family
 - Less likely to use paid services
- Individualistic cultures prioritize independence
 - More likely to use paid services or just manage
- Gender roles in some cultures impact who is expected to provide caregiving

14



Effects of Caregiving

- Social
- Emotional
- Financial
- Health

Some caregivers experience

- Strengthened family bonds
- Cultural and spiritual enrichment
- Personal growth
- Resilience

15

Conflicts

- Conflicts between cultural expectations and personal circumstances can create tension
- Guilt, inadequacy, isolation
- Culture can provide resilience and vulnerability



16

Cultural Beliefs About Health

- Cancer and mental health conditions can be differently understood
- Cultural stigma or alternate understandings can delay engagement in Western healthcare for diagnosis and treatment.
- All may increase caregiver stress, especially if there are different belief systems between caregiver and patient



17



End of life care and nursing home stigma

- Many feel obligated to keep their care recipient at home
- Some distrust the healthcare system due to a long history of poor treatment
- Religious or spiritual beliefs impact choices
- Challenge for caregivers when culture and health care policies conflict

18

Immigrant Caregivers

- Caregivers from diverse backgrounds bring valuable expertise
- Cultural approaches to caregiving are important strengths
- Culturally responsive service providers work to understand, respect, and integrate these cultural caregiving practices



19

Immigrant caregivers accessing services

- Many US support systems designed for individualistic cultures
- Culturally responsive service providers identify ways to offer available services in ways that are consistent with the values of those they serve



20



Communication

- Use Professional Medical Interpreters
 - DO NOT ask family or caregivers to interpret.
- Frame services in culturally resonant ways
- Conduct outreach in culturally relevant settings
- When possible, provide services in the community or the caregiver's home

21



Diversity in staffing

- Include diverse staff who speak the language of the communities you serve
- Hire and nurture diverse staff at all levels
- Diverse staff can help build trust among minoritized communities

22

Caregiver Interventions

- Evidence-based programs
 - Educational programs
 - Cognitive-Behavioral Therapy
 - Care management
- Improve knowledge, skills, depression, anxiety, wellbeing
- Not available for all communities



23



Supporting Caregivers

- Become aware of your bias
- Use culturally appropriate language
 - Ask respectfully
 - Be observant and listen
 - Do research
 - Acknowledge when you're unsure
- Ask about ways culture influences caregiving

24



Summary

Embrace culturally responsive practices throughout your work with family caregivers.

Do your research

Don't be afraid to ask questions about what matters to your patient and caregiver(s).

25

RUSH Caring for Caregivers

Caring for Caregivers aims to support family or friends that are providing care for adults 60 and older. Focusing on What Matters to the caregiver, we assist in developing a plan for the caregivers' health and well-being that incorporates the care needs of the older adult.

1. **Skill Building Meetings** can include occupational therapists, nurses, pharmacists, or nutritionists in teaching skills to caregivers, such as transferring patients without injuring themselves or performing basic medical care.
2. **Planning for What Matters Sessions** with our social worker to discuss what matters most to both caregiver and care recipient and develop health and life plans that reflect your preferences.
3. **Care Team Planning Meetings** involve learning to create and work with care teams most effectively, focusing on communicating effectively and ensuring that older adults and their caregivers are included in planning for care.

Initial session is provided at no cost. Additional services are covered by most insurances. Support for Rush Caring for Caregivers is made available through a generous grant from the RRF Foundation for Aging.

For more information, call 312.563.0350 or email us at caregivers@rush.edu

Tower Resource Center
1620 W. Harrison St.
4th Floor, Suite 04527

Services can be provided by phone, virtual or in-person.

Parking is available at the Rush garage on the southeast corner of Paulina and Harrison Streets.

From the 4th floor, follow the signs to the Tower.

Valet parking is also available in front 1620 W. Harrison Street. Parking at both locations will be validated in full.



Excellence is just the beginning.

26



SESSION 4
CULTURE AND LANGUAGE CONSIDERATIONS
Q&A

