INTRODUCTION TO CULTURAL AWARENESS:

EMBRACING DIVERSITY

2023

Saginaw County Community Mental Health Authority

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

COURSE OBJECTIVES

This course is provided to you as part SCCMHA's efforts to ensure that people are treated in a respectful manner and that the services we provide are effective and delivered in a manner that is compatible with the cultural health beliefs and practices as well as preferred language of each consumer and family.

In this course you will learn about how culture can impact your work as well as ways to work with people from different cultures.

When you are finished with this course you will be able to:

- Describe the "cultural iceberg".
- Define cultural humility.
- Recognize the important role cultural factors play in the delivery of services and supports to consumers and their families.
- Recognize how culture can impact your relationships with other people.
- Recognize the impact of implicit bias in work settings and interpersonal relationships.
- Give examples of discrimination that can have a negative impact on a person's well-being.
- Give examples of challenges that can occur when working with people from other cultures.
- Give examples of ways to engage others and overcome potential cultural barriers.

INTRODUCTION

The United States has experienced many demographic changes over the past few decades. Political and economic changes in the world have resulted in many refugees and immigrants coming to this country. We are a multilingual nation and many people living and working here are limited speakers of English.

The United States was traditionally called a melting pot because, over time, generations of immigrants melted together and abandoned their native cultures to become totally assimilated into American society. More contemporary views consider cultural diversity as positive, and immigrants may be encouraged to maintain their traditions and their native language (as well as learn to speak English). This model of integration can be described as a salad bowl with people of diverse cultures living in harmony, like the lettuce, tomatoes, and carrots in a salad.

Since the beginning of the 21st century, there has been widespread recognition of the impact of culture on general health care and mental health care utilization and service delivery. There are many different concepts about health care and every culture has, interwoven into its basic worldview, beliefs about health, disease, treatment, and health care providers.

Each of the primary ethnic/racial groups is *not* a singular group. There are many variations among the people within each group. Each person has a multifaceted identity and unique personal characteristics. Therefore, there are no "cookbook" approaches to working with any cultural group.

Everyone is unique and has retained, rejected, or is ambivalent about various aspects of the beliefs, traditions, and values of their culture(s) of origin, reference or affiliation. An individual may have assimilated or acculturated to the dominant culture to a greater or lesser degree. Factors related to a person's country of origin and immigration, and that of their family, impact understanding and acceptance of the dominant culture, whether that immigration or migration was recent or distant.

Racial, ethnic, and cultural factors play major roles in the expression of distress, help-seeking behaviors, and ways of understanding medical problems, as well as behavioral health and intellectual/developmental disabilities and related issues and needs. Lack of cultural competence can contribute to barriers to engagement and continued utilization of available health care services. These barriers include:

- Stigma perceived by consumers
- Mistrust of the health care system based on previous experiences
- Conflicting ideas about what constitutes mental health and illness
- Culturally based help-seeking behaviors
- Historical oppression
- Lack of insurance
- Individual and institutional discrimination

Cultural factors also impact providers. These factors contribute to how consumers are diagnosed and treated. In addition to the culture of consumers, overall service delivery is impacted by the culture of both providers and organizations. Finally, culture impacts professionals relationships with one another.

UNDERSTANDING CULTURE

Culture defines almost every aspect of our lives: how we nourish our families, how we respond to trauma, how we build our community networks. Sharing space with people from other cultures is more than tolerating each other's customs; it is valuing and affirming the ways people from diverse backgrounds enrich each other's lives.

Every human encounter is a cross cultural encounter because no two individuals have identical experiences and backgrounds.

Culture has many definitions. These include the definition found in the Merriam-Webster Dictionary:

- The customary beliefs, social forms, and material traits of a racial, religious, or social group.
- The set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic.
- The integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations.

Even someone who seems so much "like us" has identities that we do not hold, and everyone we perceive as different will ultimately have some identities we share.

According to SAMHSA (Substance Abuse and Mental Health Services Administration), culture can refer to a predominant force within worldview, shaping behaviors, values, and institutions, such as gender, gender identity, sexual orientation, and race/ethnicity, level of ability/disability, age, religion/spirituality, and socioeconomic status.

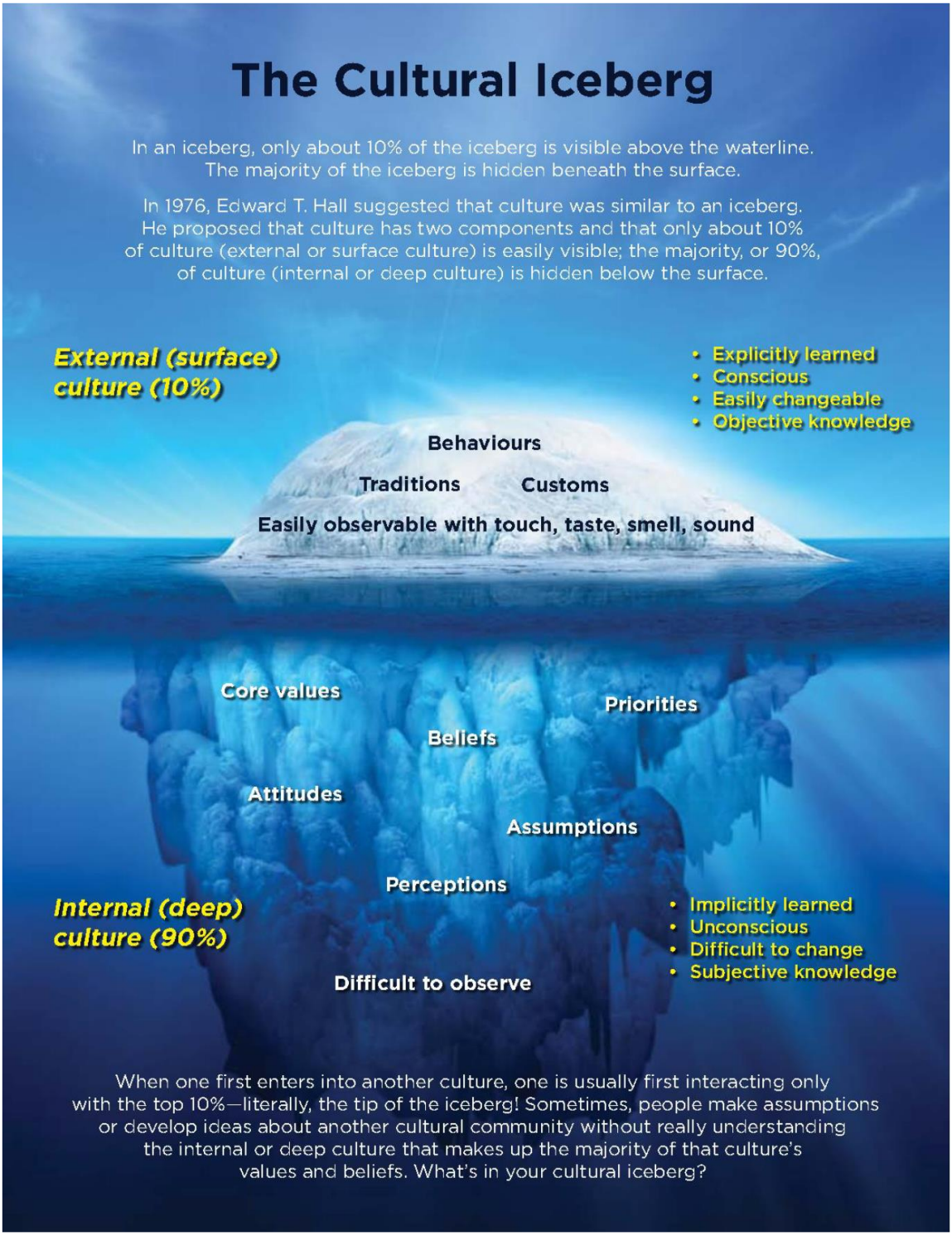
Culture can be conceptualized to accommodate every identity that is significant to us, our colleagues, and the consumers we serve, including skin color, race, ethnicity, religion, body size, socioeconomic status, sexual identity, gender identity, age, family constellation, caregiver status, citizenship status, addiction history, trauma survivorship, ability, and more.

Culture can also refer to the integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. It is the way of life of a group of people, and it encompasses behaviors, beliefs, values, and symbols that are accepted and passed along by communication and imitation from one generation to the next.

Culture can be shaped by the society in which one lives. Large societies often incorporate cultural variations which differentiate some members from the larger group. These can be based on domains such as age, race, ethnicity, class, gender, political affiliation, religion, geographic location, and/or sexual orientation, among other factors.

Edward T. Hall developed the iceberg analogy for culture in 1976. Some aspects of culture are visible, and many others can only be suspected,

guessed, or learned as people grow to understand cultures. Like an iceberg, the visible part of culture is only a small part of a much larger whole.



The iceberg analogy illustrates the relationship of implicit, culturally based assumptions to behavior. The bulk of the iceberg (the part that keeps the

berg upright) is below the waterline and invisible. Yet, it is the below-the-waterline portion of the berg that keeps it stable and upright.

It is important to assess each consumer's/family's culture and language to identify potential barriers to effective communication and/or care and the acceptability of specific treatments, including consideration of cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Locating services in areas convenient to cultural groups, improving language access for people with limited English proficiency, and improving efforts to overcome shame, stigma, and discrimination can reduce barriers to care and improve access and engagement of consumers and their families.

It is important to understand that differences among people are to be appreciated as sources of enrichment that can expand the options available to solve problems and provide supports to consumers and their families.

It is also important to respect the unique, culturally defined needs of all individuals, and appreciate the fact that diversity within cultures is as important as diversity between cultures.

Knowledge of common health-related beliefs, experiences, and concerns of the people we serve can help attune us to individual treatment needs.
Your level of cultural awareness helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect, objectivity. and identity.

Culture impacts how people:

- Define and evaluate situations
- Seek help for problems and willingness to seek treatment for health conditions
- Present their problems, situations, and information to others
- Exhibit symptoms of illness
- Use coping mechanisms
- Use social supports
- Respond to interventions and service plans

Factors that impact service delivery include:

- Ethnic/racial background
- Socioeconomic status (SES)
- Educational status
- Sexual orientation
- Gender identity
- Military service/veteran status
- Membership in an underserved population
- Disability
- Health literacy level
- Vocation/profession
- Employment/job
- Specific health condition(s) (e.g., HIV)
- New immigrant level of socialization/acculturation
- Trauma exposure
- Regional perspective
- Physical capacity

- Age/generation
- Religion/religious beliefs
- Urban/Rural

Some population groups in the United States suffer disproportionately from poor health, disease, and limited access to health care. Cultural and social factors, such as poverty, racism, and other forms of oppression and discrimination can have a negative impact on mental health and well-being. Some of these forms of discrimination include:

- **Ageism:** Prejudice or discrimination based on a person's age.
- **Reverse Ageism:** Prejudice or discrimination against younger people.
- **Sexism:** Prejudice, stereotyping, or discrimination, typically against women, based on sex.
- **Racism:** Prejudice, discrimination, or antagonism directed against someone of a different race based on the belief that one's own race is superior.
- **Heterosexism:** Discrimination or prejudice against people who are sexually attracted to members of their own sex based on the assumption that heterosexuality is the normal sexual orientation.
- **Cissexism:** Discrimination against individuals who identify with and/or present as a different sex and gender than was assigned to them at birth.
- **Ableism:** Discrimination in favor of able-bodied people.
- **Antisemitism:** Hostility to or prejudice against Jews.
- **Classism:** Prejudice against or in favor of people belonging to a particular social class.
- **Colorism:** Prejudice or discrimination against individuals with a dark skin tone.
- **Sizeism:** Prejudice or discrimination based on a person's size.

The American Psychological Association (2017) defines **health disparities** as "persistent, avoidable differences in health experienced by disadvantaged populations as a result of social injustices".

According to the American Psychological Association (2017), individuals with low incomes who are members of racial or ethnic minority groups have been found to be more likely to experience severe stress than their high-income or White counterparts. This stress has been shown to lead to poorer mental and physical health outcomes for people. Such individuals are less likely to pursue medical care because of financial access or fear of discrimination from a provider.

HEALTH EQUITY means that everyone has an equal opportunity to live the healthiest life they can, including those who have been the most marginalized – people of color, those living in poverty or with a disability, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Ally, Other Non-Heterosexual People (LGBTQIA+) persons, and

others who have historically been excluded from mainstream society (Braverman, et al, 2017). Health equity also means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

Social justice means the absence of unfair, unjust advantage or privilege based on race, class, gender or other forms of difference, and a world which affords individuals and groups fair treatment and an equitable share of the benefits of society.

SCCMHA works to promote health equity and eliminate discrimination by advocating for the consumers we serve, developing supports and services that are congruent with cultural norms of the people we serve, promoting evidence-based practices and treatments, and understanding and respecting the world views and experiences of consumers of all cultural groups. SCCMHA also values diversity among staff and seeks to foster respectful relationships among team members.

Examples of cultural factors and variations that can impact your work in the public mental health system include the following:

Cultural Factor	Cultural Variation
View of Mental Illness	
Holistic health view	Does the culture recognize mental illness or consider it part of an holistic view of mind/body?
Attribution	What is the source of mental health problems? Are they biological, magical, psychosocial, or a form of punishment?
Degree of Stigma	Stigma reduces access to mental health care. The way stigma is demonstrated, and its intensity may vary by culture.
Social Positioning	
Discrimination	Discrimination occurs when one group is given preferential treatment over another based on certain characteristics. Discrimination often takes the form of intentional exclusion from a location or activity. How this is experienced can vary by culture.
Equality	People may have distinct roles in their culture. It is important to consider equal treatment of people vs. equal status in a community.
Stereotypes	It is important to consider both the provider's and consumer's preconceived notions about the other's culture, particularly in situations where there is a mismatch.
Acculturation	Level of acculturation can impact attitudes towards seeking and accepting services.
Formality	Providers need to consider how people are addressed. Are titles used? At what point, if any, is it appropriate to use familiar terms?
Lifestyle	
Housing	In some cultures, many generations reside together. It is important to understand the dynamics of families based on where they live.
Education	It may be important to consider the value that the consumer's culture places on education and educational attainment.

Cultural Factor	Cultural Variation
Social Class	In Western culture, social class is dictated primarily by income. Other cultures may ascribe primacy to other factors (e.g., level of education, social connections, and/or family history).
Development through life	Western viewpoints regarding how individuals develop are based on the works of developmental theorists such as Piaget, Erickson, and Freud. Some non-Western cultures may conceptualize different developmental milestones, timing, and goals throughout the life cycle (e.g., independence from parents). Norms for life-cycle events may differ across cultures.
Age	It is important to consider cultural norms and beliefs about age, as some cultures value elders while others value youth.
Gender	In some cultures, gender roles are prescribed while other cultures may be more fluid. It is important to remember that Western gender roles may not be the norm in other cultures.
Dating	In some cultures, dating may be limited or non-existent or, conversely, it may be open and up to the individual.
Marriage	In some cultures, marriages are arranged or semi-arranged. Whether monogamy, polygamy, or bachelorhood is acceptable varies by culture. In some cultures, marriage is the most desirable state for adults, while others may value independence.
Divorce	In some cultures, divorce is commonly accepted while in others it is unacceptable. Couples may physically separate without the formality of a legal divorce.
Sexual activity	Cultures view sex differently. In some cultures, discussions around sex are completely taboo while others are more open.
Sexual orientation	Attitudes about sexual orientation vary across cultures.
Health	
Use of drugs and alcohol	Drug and alcohol use and misuse can impact mental health care. For example, differences in beliefs about the appropriateness of attitudes, amounts, and patterns vary across cultures.
Specific health problems	The prevalence of health problems vary by culture and these problems can impact mental health care. Examples include metabolic syndrome, obesity, diabetes, STDs, and HIV/AIDS.
Family/Kin Relationships	
Family constellation	In some cultures, the nuclear family is the central unit, while in others extended family or even close non-family members are prominent members of the family unit.
Disciplining children	Styles of discipline can vary. In some cultures, physical discipline (e.g., spanking) is the norm.
Power in relationships	In some cultures, different family members have more power based on age, gender, role, or other factors.
Communication	Communication styles are also often culturally dictated, with patterns and styles of communication differing across cultures.
World View	
Religion/clergy	

Cultural Factor	Cultural Variation
Religion/religious practice	Religion may impact consumers' views regardless of level of religiosity, particularly if facets of the religion impact the consumer's daily life or the consumer has familial history with the religion or its practices. Many persons from cultural groups seek first line help for mental disorders from clergy.
Views of human nature	Views of human nature differ across cultures with some believing that people are basically good and others believing that people are inherently bad.
Spirituality	
Views of interconnectedness of people	Some cultures believe that people are highly interconnected and responsible for promoting social good while others may emphasize the autonomous nature of human action.
Views of nature	Views of nature differ across cultures with some cultures believing that humans should conquer nature and others believing we should live in harmony with nature.

(Samuels, J., et al., 2009)

KEY CONCEPTS

BIAS is a natural inclination for or against an idea, object, group, or individual. It is often learned and is highly dependent on variables like a person's socioeconomic status, race, ethnicity, educational background, etc. At the individual level, bias can negatively impact someone's personal and professional relationships; at a societal level, it can lead to unfair persecution of a group, such as the Holocaust and slavery. (American Psychological Association)

CULTURAL COMPETENCE refers to the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each.

Cultural competence centers on interacting with others humanely, as unique individuals from various sociocultural and historical contexts and communities.

Cultural competence also refers to the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons with limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing.

One dimension of cultural competence is the capacity to communicate effectively. In the United States, the number of people for who do not speak English as their primary language has grown. More than four hundred language groups are spoken in this country and there has been a large increase in the number of foreign-born limited English proficient speakers in the U.S.

Working towards cultural competence is an ongoing process, one often tackled by learning about the patterns of behavior, beliefs, language, values, and customs of specific groups.

CULTURAL HUMILITY involves an ongoing process of self-exploration and self-critique combined with a willingness to learn from others. It means entering a relationship with another person with the intention of honoring their beliefs, customs, and values. It means acknowledging differences and accepting that person for who they are. Cultural humility is comprised of three essential components: (1) prioritizing life-long learning and self-evaluation, (2) the minimization of power imbalance, and (3) the importance of partnerships and advocacy.

Cultural humility asserts that no one is free from having biases.

CULTURAL INTELLIGENCE is an outsider's ability to interpret a someone's behavior (i.e., unfamiliar and ambiguous gestures) the way that person's compatriots would. Cultural intelligence allows us to cross boundaries and thrive in multiple cultures.

INSTITUTIONAL RACISM refers to policies, practices, and procedures that work better for white people than for people of color, often unintentionally.

STRUCTURAL RACISM refers to the history and current reality of institutional racism across all institutions, combining to create a system that negatively impacts communities of color.

IMPLICIT BIAS refers to a preference for, an aversion to, or stereotypes held about a certain group of people on an unconscious level. Unlike racism or sexism (a conscious discrimination against a group of people), people with implicit biases are often not aware of the ways that their biases affect their behavior. Implicit bias reinforces inequalities at work, school, healthcare providers' offices, social settings, and others.

According to Georgetown University's National Center on Cultural Competency, social characteristics that can trigger implicit biases include:

- Age
- Disability
- Education
- English language proficiency and fluency
- Ethnicity
- Health status
- Disease/diagnosis (e.g., HIV, schizophrenia)
- Insurance
- Obesity
- Race
- Socioeconomic status (SES)
- Sexual orientation, gender identity, or gender expression
- Skin tone
- Substance use

Examples of implicit bias include:

- In the general population about 3.9% of adult men are six feet two inches or taller yet more than one third (33.3%) of a random sampling of CEOs were found to be as tall or taller, suggesting an unconscious belief that height correlates with success.
- Women's pain is often perceived as less severe, or downplayed, suggesting a biased belief that women are exaggerating pain.
- African American women with fibroids are more likely than White women to have invasive treatments like a hysterectomy, suggesting a bias against working with the patient for less invasive treatment.
- African American students are disproportionately disciplined compared to White students; African American students are more likely than White students to be suspended for the same offense.
- People, including children, may judge overweight people more harshly than thin people (weight bias).

Implicit biases are harmful because they influence the way we perceive and interact with others and can lead us to depersonalize people from different groups based on perceived characteristics. Learning to identify and overcome them is an important step toward overcoming prejudice and social and racial stereotypes.

The American Academy of Family Physicians (AAFP)[1] discusses eight tactics that can be used to reduce implicit biases, using the acronym IMPLICIT:

- **Introspection:** Explore and identify your own implicit biases by taking implicit association tests or through other means. Project Implicit – Implicit Association Tests are available from https://implicit.harvard.edu/implicit/.
- **Mindfulness:** Practice ways to reduce stress and increase mindfulness, such as meditation, yoga, or focused breathing
- **Perspective-Taking:** Consider experiences from the point of view of the person being stereotyped. This can involve consuming media about those experiences, such as books or videos, and directly interacting with people from that group.
- **Learn to Slow Down:** Pause and reflect on your potential biases before interacting with people of certain groups to reduce reflexive reactions. This could include thinking about positive examples of that stereotyped group, such as celebrities or personal friends.
- **Individualization:** Evaluate people based on their personal characteristics rather than those affiliated with their group. This could include connecting over shared interests or backgrounds.
- **Check Your Messaging:** Embrace evidence-based statements that reduce implicit bias, such as welcoming and embracing multiculturalism.
- **Institutionalize Fairness:** Promote procedural change at the organizational level that moves toward a socially accountable health care system with the goal of health equity.
- **Take Two:** Practice cultural humility, a lifelong process of critical self-reflection to readdress the power imbalances of the clinician-patient relationship.

[1] Edgoose, Quiogue, Sidhar (2019).

STRATEGIES TO ENHANCE CULTURAL SENSITIVITY

PRINCIPLES OF CULTURAL COMPETENCE IN HEALTHCARE[2]:

- Define culture broadly
- Value consumers' cultural beliefs
- Recognize complexity in language interpretation
- Facilitate learning between providers and communities
- Involve the community in defining and addressing service needs
- Collaborate with other agencies
- Institutionalize cultural competence

SELF-REFLECTIVE QUESTIONS:

- In what ways am I privileged?
- How is my lens different from the other person's?
- Have I identified the consumer's specific needs?
- Am I making any assumptions about the person?
- How can I meet the person "where they are"?
- How might the way I physically interact with people affect the person?
- How do I know the consumer understood what I said?
- What can I learn from each person I meet?
- Where do I have room to grow in my cultural understanding of the consumers I serve and the people with whom I work?
- How can I develop a better understanding of people who have different identities than me?
- Appreciate and respect cross-cultural diversity in your behavior, practices, and attitudes.
- Use inclusive language in written and verbal communication such as gender-neutral nouns to refer to others (e.g., everyone, team, folks, people) and use person-first language.
- Conduct a cultural self-evaluation to assess personal and professional proficiency in cultural competence. Take time to ask yourself questions regarding your personal cultural competencies such as:
    - Do I accept and respect that male-female roles in families may vary significantly among different cultures?
    - Do I accept that religion and other beliefs may influence how people respond to illness and disability?

Cultural Sensitivity: A set of skills that enables you to learn about, get to know, and treat with respect those who are different than then you within your community.

[2] Adapted from CDC Guidelines.

- Do I accept that different cultures may present and resolve their issues in a variety of ways?

Value and affirm the ways people from different backgrounds enrich each other's lives.

- Acquire and integrate cultural knowledge by seeking information and consultation.
- Do not demand or expect people to educate you about their culture or customs. Go out of your way to research and learn about community members and their needs.
- Do your homework: become aware of cross-cultural etiquette standards (including body language). Find out which gestures and phrases are considered taboo and do not use them.
- Learn cultural customs about eye contact, physical contact, and hand gestures as they pertain to any community or group with whom you are working closely.
- Do not make cultural assumptions. Everyone has different expectations, cultures aside. Do not simply transfer an experience with one person within a culture to another. When in doubt, ask the person what they prefer.
- Speak clearly and in a steady and unrushed pace. While someone may be fluent in your native language, it is important to remember that it may not be the person's first language. Speaking at a steady pace will help ensure understanding.
- Do not ask more than one question in a sentence. Separate questions to avoid unnecessary confusion. Speak in short sentences and stick to one topic at a time.
- Avoid the use of slang. Slang or jargon often does not translate between languages.
- Use both verbal and nonverbal communication techniques. Use visual aids, gestures, and physical prompts in interactions with people who have limited English proficiency.
- Ask open-ended questions. Allow the person to freely share his/her thoughts in a way that feels natural and show support if the person is struggling with English.
- Listen actively and check for understanding often. Repeat what you are hearing to ensure information is having the intended effect and meaning. Do not assume your messages are being understood.
- Expect that misunderstandings may occur. Be prepared to revisit topics; messages may get lost in translation.

- Appreciate the fact that people of different cultures speak in different tones. The tone of someone's voice may not accurately reflect the intention of their communication.
- Offer language assistance to consumers who have limited English proficiency and/or other communication needs. Family and friends should *not* be used to provide interpretation services because confidentiality is breached when family members or friends are used as interpreters.
- Ask each person what their preferred pronouns are, even when you feel sure of their gender. Normalizing the concept of preferred pronouns can help communities become more aware and accepting of gender-nonconforming people.
- Display pictures, posters and other materials that reflect the cultures and ethnic backgrounds of the people served.
- Ensure notices and communiqués to people receiving services are written in their language of origin.
- Make sure magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of the people served.
- Ensure that videos, films, or other media resources used for education, treatment or other interventions reflect the cultures of the people served.
- Recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.
- Understand and accept that family is defined differently by different cultures (e.g., extended family members, fictive kin, godparents).
- Avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than your own.
- Accept and respect that male-female roles in families may vary significantly among different cultures (e.g., who makes major decisions for the family, play and social interactions expected of male and female children).
- Consider age and life cycle factors in interactions with individuals and families (e.g., high value placed on the decisions of elders or the role of the eldest male in families).
- Accept the family/parents/person as the ultimate decision makers for services and supports even though your professional or moral viewpoints may differ.

- Recognize that the meaning or value of medical treatment, health care, and health education may vary greatly among cultures.
- Recognize and understand that beliefs and concepts of emotional well-being vary significantly from culture to culture.
- Understand that beliefs about mental illness and behavior are culturally based and accept the fact that responses to these conditions and related treatments/interventions are heavily influenced by culture.
- Recognize and accept that religion and other beliefs may influence how persons and families respond to illnesses, disease, disability, and death.
- Recognize and accept that folk and religious beliefs may influence a family's reaction and approach to a child born with a disability or later diagnosed with a physical/emotional disability or special health care needs, and how the person interprets disability and diagnosis themselves.
- Understand that traditional approaches to disciplining children are influenced by culture.
- Understand that families from different cultures will have different expectations of their children for acquiring toileting, dressing, feeding, and other self-care skills.
- Before visiting or providing services in home settings, seek information about acceptable behaviors, courtesies, customs, and expectations that are unique to families of specific cultures and ethnic groups served.
- Practice cultural humility. Make a commitment to continually exploring your own cultural identity, including how society has valued that identity and how you have internalized cultural values. Make a commitment to questioning how you have internalized cultural values, and to questioning how your identity impacts your beliefs as well as the stereotypes and biases you hold.

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