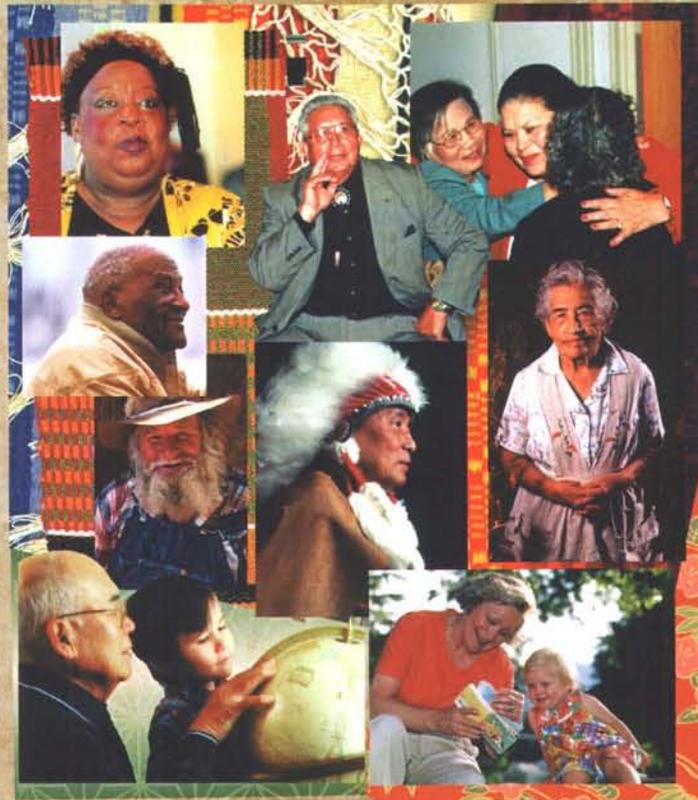


# Oklahoma's Evolving Mosaic



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

*A Guide to Developing Cultural Competency*





## Oklahoma is Evolving

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Oklahoma is a vast mosaic of different cultures and people groups. This demographic composition will continue to change dramatically. In the next few decades, the population will grow significantly older and more diverse. With this in mind, new challenges await us. In our ever-changing society many areas will demand our attention. The aging of the population will affect family dynamics, altering the traditional roles of family members and the support they provide the older adults in the family. At the same time, the population will grow larger with those from diverse backgrounds. As this happens, the mosaic continues to ebb and flow, reflecting the dynamic nature of our population and needs.

When we talk of diversity, we usually think of minority groups based on origin. However, several other groups exist that have unique characteristics. In this book, we will also look at the rural elderly, grandparents raising grandchildren, those with disabilities, gay and lesbian seniors, and elderly released prisoners.

As service providers it is vital we understand that all kinds of people make up the communities we serve. Each group has its own unique characteristics, and we should not assume that methods developed for a majority group of older adults will apply to minority elders. With this influx of diversity, we are forced to reexamine how we meet needs and realize the methods that worked in the past may not necessarily suffice now.

## What is Culture?

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Culture is defined as the shared values, traditions, norms, customs, arts, history, folklore, institutions and world-view of a group of people. Culture shapes behavior because it is the foundation of conscious and unconscious beliefs about the proper way to live. In a world as complex as ours, each of us is shaped by many factors, and culture is one of the powerful forces that acts on us. Anthropologists Kevin Avruch and Peter Black explain the importance of culture this way:

...One's own culture provides the 'lens' through which we view the world; the 'logic'... by which we order it; the 'grammar'... by which it makes sense. (*Avruch and Black, 1993*)

Our histories are a critical piece of our cultures. Historical experiences—whether of five years ago or of ten generations back—shape who we are. Knowledge of our history can help us understand ourselves and one another better. Exploring the ways in which various groups within our society have related to each other is key to opening channels for cross-cultural communication.

## Why Consider Culture?

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As people from different cultural groups take on the exciting challenge of working together, cultural values sometimes conflict. We can misunderstand each other and react in ways that can hinder what are otherwise promising partnerships. Often, we are not aware that culture is acting upon us. Sometimes, we are not even aware that we have cultural values or assumptions that are different from others.

### Culture

- Helps us to understand the values, attitudes and behaviors of ourselves and others
- Helps us to avoid stereotypes and biases that can undermine our efforts
- Plays a critical role in the development and delivery of services that are responsive to the needs of the recipient
- Holds differing value systems that influence views of the elderly and treatment and care of the elderly

## Diversity Goes Beyond Ethnic Background

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Rather than a destination, cultural competence is a journey of understanding, critical thinking, recognition of institutional barriers and an ever-expansion of thought in order to communicate and behave appropriately. Cultural competence also goes beyond the distinction of race and ethnicity. It expands to include all disabilities, social classes, genders, religions, beliefs, and more. Although cultural background constitutes a major portion of diversity, many other elements are involved and must be addressed.

- Age
- Gender
- Income
- Social Roles
- Sexual Orientation
- Cultural Identification
- Friendship Patterns
- Religion, Spirituality
- Value System
- Language
- Community
- Socio-economic Status
- Occupation

## Types of Societies

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Cultures can be divided into two categories based on their view of independence. Some groups stress independence of the individual, while others stress interdependence and the family above the individual. As service providers, it is important we understand this facet of one's culture as it affects the way in which a consumer, and possibly the family, views and accepts formal services.

### Individualistic

- Independence is stressed virtually from the beginning of life
- The goal is continued independence through the aging process
- The individual is placed above the group

### Collective

- These cultures stress interdependence
- The group is placed above the individual
- Collective belief systems reflect in the care the elderly receive

## Acculturation Issues

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Acculturation is defined as the modification of the culture of a group or individual as a result of contact with a different culture. The degree of acculturation has a tremendous impact on one's perspective of their new culture. The following are the four phases of acculturation.

- **Separation:** Hold onto original culture. Avoid interaction with other cultural groups
- **Marginalization:** Low interest in cultural maintenance and relationships with those from other cultures
- **Integration:** Cultural integrity is maintained while participating in the larger social network
- **Assimilation:** Does not wish to maintain original culture and actively participates in dominant culture

## Cultural Competence

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Cultural competence is defined as behaviors and attitudes integrated into the practice methods of a system, agency, or its professionals, that enables them to work effectively in cross cultural situations. In other words... cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services producing better outcomes (Davis, 1997).

The word *culture* is used because it implies the integrated patterns of human behavior that include thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. The word *competence* is used because it implies having the capacity to function in a particular way: the capacity to function within the context of culturally integrated patterns of human behavior defined by a group.

### Cultural Competence is....

- An awareness of one's personal biases and their impact on professional behavior
- Knowledge of population-specific cultural values, beliefs, behaviors
- A developmental process that evolves over an extended period
- Skills in working with culturally diverse populations

## Why is Cultural Competence Important?

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In the process of becoming more culturally competent, organizations begin to better serve their stakeholders and consumers. By understanding the community in which they live and work, organizations can better serve their consumers' needs and be a part of, rather than just deliver services to, their community.

- Cultural competence can help to better meet the needs of diverse aging populations.
- This type of understanding is required in order to develop programs that effectively serve individuals of

all ethnic backgrounds.

## What Does Cultural Competence Look Like? \_\_\_\_\_

Cultural competence is a developmental process that occurs along a continuum. There are six stages, starting from one end and building toward the other:

- 1) cultural destructiveness,
- 2) cultural incapacity,
- 3) cultural blindness,
- 4) cultural pre-competence,
- 5) cultural competency, and
- 6) cultural proficiency.

It has been suggested that, at best, most human service agencies providing services fall between the cultural incapacity and cultural blindness on the continuum (*Cross et al., 1989*). It is very important for agencies to assess where they fall along the continuum as such an assessment can be useful for further development. Consider the following behaviors, principles, skills, and characteristics.

### Behaviors

- **Warmth:** acceptance, liking, commitment and unconditional regard.
- **Empathy:** the professional's ability to perceive and communicate, accurately and sensitively, the feelings of the client and the meaning of those feelings.
- **Genuineness:** openness, spontaneity, congruence, the opposite of "phoniness."

### Principles

- Values and Attitudes
- Communication Styles
- Community/Consumer Participation
- Physical Environment
- Policies and Procedures
- Population-Based Service Delivery
- Training and Professional Development

### Skills

- Ethnically appropriate methods of showing respect
- Culturally appropriate assessment techniques
- Effectively working with families from diverse backgrounds
- Recognition of culturally related values and needs including spiritual and medical
- Methods of eliciting and acknowledging elder's beliefs or explanatory models
- Assessment of elder's position on the acculturation

continuum

### Characteristics

- **Available:** Availability of services refers to the existence of health services and bicultural/bilingual personnel
- **Accessible:** Accessibility is contingent on factors such as cost of services, the hours available, and the geographic location of a program
- **Acceptable:** Acceptability is the degree to which services are compatible with the cultural values and traditions of the clientele

A culturally competent individual or organization honors and respects the beliefs, attitudes, interpersonal styles and practices of individuals from diverse communities. For organizations, cultural competency is achieved when employees and the individuals they serve are collectively responsible to effectively communicate with one another in an atmosphere that respects and recognizes differing value systems.

As America passes the threshold of the twenty-first century it will be much more culturally, racially, and linguistically diverse. To meet the needs of the diversified groups, human service organizations must constantly work toward understanding cultural differences and how they affect the organization and its services.

## 5 Essential Organizational Components for Cultural Competence

1. Value diversity.
2. Develop capacity for cultural self-assessment.
3. Understand the dynamics of the interaction between cultures.
4. Institutionalize cultural knowledge.
5. Adapt service delivery based on an understanding of cultural diversity.

### The 3 M's

Cultural competency occurs on three main levels ranging from federal legislation to policies that may be in place in a local office. Below are descriptions of these levels.

1. **Macro:** Policies, laws, and regulations (Title VI of the Civil Rights Act, Executive Orders, Healthy People 2010, Older Americans Act, accrediting organizations)
2. **Mezzo:** Community-based involvement in the design, delivery of programs and services
3. **Micro:** Prepare service professionals to interact effectively,

and appropriately with individuals from diverse cultures

## Barriers to Service Access

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Services are not effective if they cannot be easily accessed. Cultural barriers are often difficult to identify, but are just as real as more tangible structural barriers.

- **Structural Barriers:** lack of health care insurance, high out-of-pocket expenses, lack of transportation, language difficulties.
- **Cultural Barriers:** Characteristics of minority groups, such as styles of interaction and expectations.

## The Cultural Sensitivity Continuum

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Whereas cultural awareness can be learned through workshops or classroom education, cultural sensitivity is acquired through direct experience with a different cultural group. Consider the following to see how your organization relates to the different cultural groups.

- **Fear:** Others are viewed with trepidation and contact is avoided.
- **Denial:** The existence of the other group is denied.
- **Superiority:** The other group exists but is considered inferior.
- **Minimization:** The group is acknowledged, but the importance of cultural differences is minimized.
- **Relativism:** Differences are appreciated, noted and valued.
- **Empathy:** A broader understanding of how others perceive the world and how they are treated is achieved.
- **Integration:** Assessment of situations involving members of other cultures can be accomplished and appropriate actions undertaken.

## Knowledge into Action

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Gaining an understanding of cultural competency is very important. However, just knowing is not enough. Your knowledge is only effective if it is transformed into action. The questions below are designed to help you and your agency do just that.

### What is the level of cultural competence?

- In your organization?
- In your advisory councils?
- In organizations with which you work?

What are your competency strengths? What area needs the most improvement?

What are the cultural barriers to effective services in your area?

What organizations are in your area that may already work with individuals from various ethnic backgrounds?

What are the “change agent” organizations in your area with which you could partner?

## Who Are We?

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The essence of the mosaic is visible as we consider the uniqueness of each minority group. As service-providers, awareness is key when delivering culturally competent services. The following information will give some insight into the distinctive world of the various groups.

## Grandparents & Relatives Raising Children

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- Limited finances: Kinship caregivers who raise children do not have as much help as is given to “foster” parents.
- Poor health: Many kinship caregivers are raising children while suffering many health problems.
- Generational gap: Tension is placed on the relationship due to age difference and limited mutual understanding.
- Problems with biological parents: Guardianship/custodial problems; extreme tension between caregiver and biological parents
- Trouble enrolling in school; trouble seeking medical attention due to lack of acknowledgement of relationship.
- Twenty-seven percent of children living in grandparent-headed households live in poverty, compared to 19 percent of those living in parent-headed families.
- The risk of poverty is greatest for those in grandmother-headed households. Two-thirds of these children are impoverished.

## Elderly Released Prisoners

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- Elderly prisoners who are released are in need of jobs to support themselves. They may require life-skill training due to advances in technology.
- Those who have no family or home need housing, whether temporary or assisted living facilities.
- Some elderly released prisoners are terminally ill or infirm. They may need hospice care or placement in an appropriate facility.
- Because of past history in prison they may not be trusted and suffer pressure from old peer group members. Elderly offenders pose very little threat to prison population. Recidivism is extremely low upon release.
- The number of elderly prisoners has increased. Laws requiring mandatory minimum sentences are requiring inmates to serve a greater percentage of their sentences.
- Correctional facilities are designed to manage young inmates, not the old. Inmates over 55 suffer, on average, three chronic health problems such as: hypertension, diabetes, alcoholism and emphysema.
- Releasing non-violent prisoners age 55 and above would save taxpayers \$900 million during the first year. Costs related to elderly prisoners: \$65 per day while in prison compared to \$8 per day with electronic home detention.

## Seniors with Mental Illness

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- Mental illness among elderly is expected to become a greater concern. In the year 2011, the first of the post-war “baby boomers” will be age 65. By the year 2030, those 65 and older will grow from 20 million to 40 million. The number of mentally ill is estimated to grow from 4 million in 1970 to 15 million in 2030; an increase of 275 percent.
- Many seniors with mental illness are not welcome in congregate housing. They are labeled “crazy.” They are seen as a threat to the other seniors. Because of the stigma surrounding mental illness, many do not seek help.
- Some contributing factors are: Poor physical health, loss of previous community status, financial situations, and urine incontinence. Elderly Americans who are incontinent experience shame, disgust, embarrassment, and reduced social life that may lead to depression.

- Statistics: 15-25 percent suffer significant symptoms of mental illness. While nearly 25 percent suffer symptoms of mental illness, many do not seek care. The highest suicide rate in America is among those aged 65 or older. Approximately 6,100 elderly in America kill themselves each year. Of the direct costs for treating mental illness, less than 1.5 percent is on the elderly.
- Categories of mental illness:
  - ✓ Depression-afflicts 5 percent of the elderly.
  - ✓ Dementia-15 percent of elderly suffer from dementias
  - ✓ Pseudodementias- dementia caused indirectly by poor physical health.
  - ✓ Alzheimer's Disease- One million elderly are severely afflicted, while two million are moderately affected.
- The demand will be great and the medical community may not be able to support the growing number of mentally ill. By the year 2030 there will be a need for 5,000 geriatric psychiatrists and geropsychologists. Those numbers are only half that now. Dilip Jeste, M.D., professor of psychiatry and neurosciences at the University of California, San Diego School of Medicine, said, "The lack of medical and community services and inadequate training of caregivers and geriatric mental health specialists will have dire effects on the elderly population over the next 10 years (1999)."

## Gay & Lesbian

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- By 2030 one out of five of Americans will be 65 or older. About 4 million will be gay, lesbian, transsexual or bi-sexual.
- Institutional discrimination: No legal recognition of same sex partner, no survivor benefit from SSA, or for retirement pensions.
- Medical institutions continue to have barriers allowing only legal spouses and blood relatives visit or turn only to them for crucial decisions—even funeral arrangements.
- Many have started their own retirement communities, programs, social outreach projects, and in-home care.
- Because of the continuing stigma concerning gays/lesbians, their population has been treated as one that is invisible.

## Developmental Disability

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- Do not assume that people with disabilities want to be non-disabled or that living with the disability is tragic. Rather, people with disabilities want a society to remove the barriers that prevent them from full participation in social and public life.
- Process time is needed when talking to people with disabilities. You cannot assume they understand a large vocabulary. Most of those with developmental disabilities have a third grade vocabulary language level.
- Do not assume that each skill area is developed. Write down or have them repeat back what they understood you to say. Most of their thinking is concrete and not hypothetical. Do not assume they have experienced or know what you are talking about.
- Some have learned to compensate for their lack of abilities. Do not assume they are stupid. Show dignity and respect. Diversity does not equal stupid. Diversity equals difference. As providers, our job is to figure out what that difference is and meet the needs as they (the consumers) view them.
- Service providers should be aware of the high risk of abuse among the people with disabilities, especially women. 60 percent of women with disabilities are likely to experience some form of abuse in their adult lives.

## American Indian

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- The wisdom of the elder is highly regarded. Yet, they are trying very hard to hold onto their traditional cultural values and knowledge against the rapid rate of assimilation.
- Each tribe has its own identity.
- American Indians are typically a collective culture. They emphasize the group above the individual and the family is a vital entity.
- Specific health problems seem to plague this group. Diabetes and substance abuse are major threats to their health. As a result, life expectancy among American Indians is comparatively much lower.
- 20 percent of those 65 or older live below the federal poverty level.
- Though federal programs are in place to offer assistance, never assume someone does not need our help as providers.
- The Native American Indian has a rich heritage in religion. This background includes: Medicine Men, the carrying of the medicine pouch, prayer pipes, eagle feathers, and ceremonial herbs. This knowledge can help you understand their perspective when it comes to healing the body.

## African American

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- Health problems pervade this group. Twice as many blacks as whites report “poor” health. In fact on a national spectrum, over one half are in poor health. According to a Harvard medical study in 1998 blacks are less likely to receive medical procedures than whites with the same insurance coverage.
  - ✓ Breast screening
  - ✓ Eye examinations
  - ✓ Beta-blockers
  - ✓ Follow-up after hospitalization
  - ✓ Diabetes
  - ✓ Heart attacks
- Elderly African Americans are more likely to show dementia-related behaviors. Whites are more likely to be institutionalized, while blacks are more likely to wander and have hallucinations.
- Among elderly, depression is more prevalent in African Americans and Hispanics. Hispanics, partly due to the fact of greater health burdens and lack of insurance. Public health programs that increase access to mental health care and general medical care may lead to long-term reductions in racial and ethnic disparities in depression.
- More than 700,000 Americans have strokes each year. Blacks suffer twice as many as whites. African Americans are more likely to die from a stroke. Blacks are 6 percent more likely to die three years after a stroke.
- This group has many single-parent homes and high unemployment rates. This often translates into an expanded role for the grandparents. Many grandparents are raising grandchildren. This group has less personal post-retirement income. Thirty-three percent of black seniors live below the poverty level.
- Elderly African Americans have been targets for hoaxes
  - ✓ Identity theft
  - ✓ “Slave Reparation Act” hoax
  - ✓ Social Security reimbursements hoax
- The church plays an important role in the lives of most African American seniors. It not only serves as a religious institute, but also as a trusted social organization.
- Seniors are more often than not the stabilizers of the family-both in a physical and spiritual capacity. Family is very important.

## Asian/Pacific Islanders

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- The Asian/Pacific Islander is one of the fastest growing minority groups in the U.S. They consist of people from 43 different countries. They are a collective culture and value family cohesion.
- These groups are characteristically motivated toward upward mobility, including educational achievements. This group is also more likely to continue working after the age of 65.
- Though these groups value family, the structure and function of the extended family is weakening as younger generations begin to focus more on the nuclear family. This greatly affects the care their elderly receive. More families will be looking for external sources of caregiving and other help.
- Language continues to be the biggest barrier to services. As service providers we should not allow linguistic difficulties hinder us when it comes to delivering formal services.

## Hispanic

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- This is the largest and fastest growing minority group in the U.S. It is important to note that the term “Hispanic” encompasses many different countries and diverse cultures. Each group has its own unique history and relationship with this country. A full understanding of Hispanic aging requires specific knowledge of each subgroup.
- Compared to other groups, they are the least educated. This affects income, housing, and assistance efforts provided by agencies. Hispanics are eight times less likely to receive education than Anglo-elderly. They also suffer discrimination in hiring and rates of pay due to linguistic difficulties. Those 60 and over have the lowest average income of all minority groups.
- The Hispanic groups have little to no social security benefits or pension plans. Many Hispanic elderly have worked at jobs that did not offer pension plans. Because most people within this group worked as agricultural laborers and were not in jobs covered by social security for at least 10 years, many Hispanic elderly are living below the poverty level.
- With Hispanics there is a higher degree of physical impairment. Many elderly Hispanics have worked hard labor at a very early age. This has made them vulnerable to illness, disabilities, and limitations of daily functioning. Hispanics also have one of the highest rates of diabetes. Mortality rates are twice as high for Latinos as white elderly.

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- Many resources have been underutilized. Only 71 percent have enrolled in Medicare compared to 95 percent of white elderly. Many thought they needed to be citizens. Others have had difficulty completing forms due to the language barrier. Many Hispanic elders do not seek outside help unless advice is given by family.
  - Seniors play an important role because they provide a link to the past. They also have an inner strength that allows them to be a resource for the young. Families emphasize sharing and cooperation rather than competition.

## Rural

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- Rural residents characteristically have a tradition of independence. They use more informal help and less formal help. Occasionally they may even resist formal assistance because of the bureaucracy involved, fearing they may lose some control of their lives.
- Overall, those in rural areas are less healthy, reporting more chronic illness and functional limitations. These health disparities are due to inadequate nutrition, obesity, and unrecognized illnesses such as diabetes, Alzheimer's disease and depression.
- More people own their own homes in rural areas. Yet at the same time, there is a higher rate of substandard housing in these populations. Many elderly in rural areas lack sanitary facilities, electricity, and safe drinking water.
- Lower availability of services exist in rural areas as well. Communities are often small and scattered. They have a few people in need at the same time to make a full-scale program viable. Therefore, health care services are narrower than in urban areas. Rural health services are less accessible and more costly, with fewer alternatives.
- Rural elderly are more likely to be poor than those in urban areas. The "oldest old" are not as well educated as the "younger old." Non-metro persons are less educated than metro persons. Non-metro elders depend more on social security income because more metro-elders have retirement.
- The rural elder must face many challenges. Transportation is one of the most needed. The non-metro elder does not have a bus system as a resource for transportation. Forty percent of rural elders live with no transportation at all. Their need for medical appointments, business errands, shopping and senior activities is not being met.

## On the Local Level, Breakout by Area Agencies on Aging.

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### Grand Gateway Area Agency on Aging \_\_\_\_\_

*Craig, Delaware, Mayes, Nowata, Ottawa, Rogers and  
Washington counties*

White .....	194,153
Black/ African American .....	3,673
American Indian/ Alaskan .....	41,717
Asian .....	787
Pacific Islander/ NH .....	trace
Hispanic/ Latino .....	7,346
Reporting other race .....	1,837
Reporting more than 1 race .....	9,940
Foreign born .....	2,886

### EODD Area Agency on Aging \_\_\_\_\_

*Adair, Cherokee, McIntosh, Muskogee, Okmulgee,  
Sequoyah and Wagoner counties*

White .....	194,749
Black/ African American .....	14,547
American Indian/ Alaskan .....	62,640
Asian .....	891
Pacific Islander/ NH .....	trace
Hispanic/ Latino .....	7,422
Reporting other race .....	2,969
Reporting more than 1 race .....	20,781
Foreign born .....	4,156

### KEDDO Area Agency on Aging \_\_\_\_\_

*Choctaw, Haskell, Latimer, LeFlore, McCurtain,  
Pittsburg and Pushmataha counties*

White .....	132,829
Black/ African American .....	7,252
American Indian/ Alaskan .....	25,646
Asian .....	354
Pacific Islander/ NH .....	trace
Hispanic/ Latino .....	3,891
Reporting other race .....	1,238
Reporting more than 1 race .....	9,374
Foreign born .....	2,122

### SODA Area Agency on Aging

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*Atoka, Bryan, Carter, Coal, Garvin, Johnston, Love, Marshall, Murray and Pontotoc counties*

White .....	140,030
Black / African American .....	4,951
American Indian / Alaskan .....	19,449
Asian .....	530
Pacific Islander / NH .....	trace
Hispanic / Latino .....	6,542
Reporting other race .....	3,359
Reporting more than 1 race .....	8,310
Foreign born .....	3,536

### COEDD Area Agency on Aging

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*Hughes, Lincoln, Okfuskee, Pawnee, Payne, Pottawatomie and Seminole counties*

White .....	183,844
Black / African American .....	10,214
American Indian / Alaskan .....	29,215
Asian .....	1,425
Pacific Islander / NH .....	trace
Hispanic / Latino .....	4,513
Reporting other race .....	1,425
Reporting more than 1 race .....	10,926
Foreign born .....	3,800

### TULSA Area Agency on Aging

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*Creek, Osage and Tulsa counties*

White .....	511,898
Black / African American .....	55,433
American Indian / Alaskan .....	65,698
Asian .....	4,790
Pacific Islander / NH .....	trace
Hispanic / Latino .....	22,584
Reporting other race .....	8,897
Reporting more than 1 race .....	37,640
Foreign born .....	16,425

## **NODA Area Agency on Aging** \_\_\_\_\_

*Alfalfa, Blaine, Garfield, Grant, Kay, Kingfisher, Major and Noble counties*

White .....	140,510
Black/ African American .....	3,832
American Indian/ Alaskan .....	7,026
Asian .....	637
Pacific Islander/ NH .....	319
Hispanic/ Latino .....	6,547
Reporting other race .....	3,193
Reporting more than 1 race .....	4,311
Foreign born .....	3,513

## **AREAWIDE Aging Agency Inc.** \_\_\_\_\_

*Canadian, Cleveland, Logan and Oklahoma counties*

White .....	826,655
Black/ African American .....	81,948
American Indian/ Alaskan .....	38,926
Asian .....	21,511
Pacific Islander/ NH .....	trace
Hispanic/ Latino .....	50,193
Reporting other race .....	21,511
Reporting more than 1 race .....	34,828
Foreign born .....	41,999

## **ASCOG Area Agency on Aging** \_\_\_\_\_

*Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens and Tillman counties*

White .....	227,536
Black/ African American .....	14,505
American Indian/ Alaskan .....	21,332
Asian .....	1,707
Pacific Islander/ NH .....	trace
Hispanic/ Latino .....	19,625
Reporting other race .....	9,386
Reporting more than 1 race .....	9,955
Foreign born .....	7,964

## SWODA Area Agency on Aging

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*Beckham, Custer, Greer, Harmon, Kiowa, Jackson,  
Roger Mills and Washita counties*

White .....	87,931
Black/ African American .....	5,384
American Indian/ Alaskan .....	3,800
Asian .....	528
Pacific Islander/ NH .....	trace
Hispanic/ Latino .....	9,817
Reporting other race .....	5,384
Reporting more than 1 race .....	2,639
Foreign born .....	2,322

## OEDA Area Agency on Aging

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*Beaver, Cimarron, Dewey, Ellis, Harper, Texas,  
Woods and Woodward counties*

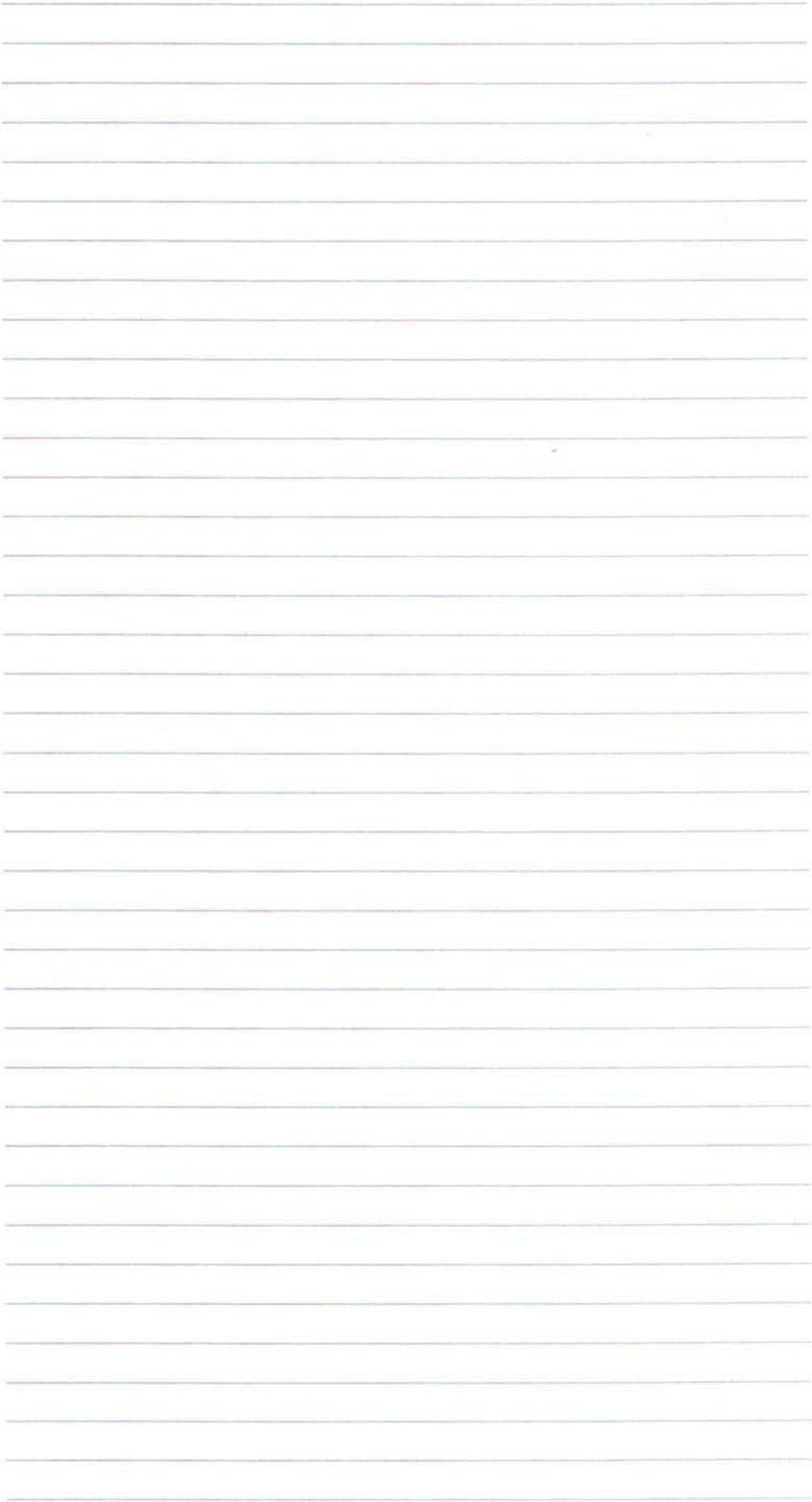
White .....	61,270
Black/ African American .....	473
American Indian/ Alaskan .....	1,148
Asian .....	203
Pacific Islander/ NH .....	trace
Hispanic/ Latino .....	6,282
Reporting other race .....	3,242
Reporting more than 1 race .....	1,216
Foreign born .....	3,513

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