

**Ferris State University  
Faculty and Staff Diversity Mini-Grant Application**

**I. Identification**

Name of Primary Applicant: Margaret A. Lyons, M.A.  
Members of Team: Teresa Bailey, PharmD  
Tracey Boncher, PhD  
Michael Bouthillier, PharmD  
Dana Harshbarger, P-2 Student  
John Jameson, PharmD  
Lucy Ngoh, PharmD  
Sarah Raguckas, PharmD  
Greg Wellman, PhD

Department: College of Pharmacy  
Campus Address: 220 Ferris Drive  
Telephone: 231-591-3780  
E-mail Address: lyonsma@ferris.edu

**II. Event Title**

Presentation by Dr. Gottfried Oosterwal, Ph.D; Litt.D. – “Relating to and Caring for People from Diverse Cultures”

**III. Specific core value, strategic initiative, or goal related to diversity that the event will address. (See the University Strategic Plan and the Diversity Plan)**

FSU Strategic Goals and Initiatives:

1. Create a University that is welcoming to diverse populations
  - D. Seminars and workshops will be conducted to engage the faculty and staff in sustaining dialogue about and understanding of diversity.

**IV. Abstract**

**Presentation by Dr. Gottfried Oosterwal, “Relating to and Caring for People from Diverse Cultures”**

According to Dr. Oosterwal’s presentation description, the program will be two-fold: “ The first will focus on the ways people from diverse cultures consider disease, experience and respond to pain, see body image, try to understand the causes of disease and death, consider the best treatments, relate to medications and foods, expect of bedside manners, relate to care givers, see the role of family, deal with pregnancy and parenting, and other factors involved in the experience of illness. The second part of the program will focus on the issue of cross-cultural communication. Comparisons will be made between our American (and mostly Western) ways and those of other cultures and religions.” Dr. Oosterwal will be invited to speak with students and faculty from Allied Health, Optometry and Pharmacy.

The objectives of Dr. Oosterwal’s presentation are as follows:

1. To make participants more aware of and knowledgeable about patients’ and colleagues’ cultural codes and how they affect care giving and interpersonal relationships;
2. To develop among the participants the ability to communicate across cultural boundaries; and,
3. To assist caregivers in developing an ability to use other people’s values, assumptions and beliefs in order to make care giving more effective and satisfactory to both patients and care givers.

Suggestions and comments gathered from a post-presentation quiz and survey (attached) will be brought to the Pharmacy Diversity Committee who will endeavor to address the issues raised during the presentation. The committee intends for this presentation to empower students and faculty to begin to

examine themselves, and those they participate within the classroom and practice, on issues of diversity. Through the survey, comments will be compiled regarding how to incorporate this material into curricular instruction and will be shared with the Colleges of Allied Health, Optometry and Pharmacy.

**V. Event Narrative**

*a) The conceptual framework that explains how the event will augment Ferris’ long-term commitment to diversity and inclusion.*

FSU Strategic Goal **(1D)**: Ferris State University (FSU) encourages seminars and workshops “to engage the faculty and staff in sustaining dialogue about and understanding of diversity”. Through the presentation and subsequent survey, the Colleges of Allied Health, Optometry and Pharmacy will encourage open dialogue with students and faculty regarding a variety of diversity issues. Based on survey results, faculty will look for opportunities in coursework to include the topics identified in the survey.

*b) The goals and intended outcome(s) of the event.*

The goal of this event is to engage students and faculty in dialogue regarding diversity issues through discussion with a nationally recognized speaker. Objectives and measurements listed below:

<p>Objective: Refer to objectives under section IV (Abstract)</p>	<p>Measure: 1. In addition to counting attendance, a post-presentation quiz and survey will be administered to participants directly following the presentation to measure objectives in section IV.</p>
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*c) A statement on how the event relates to the curriculum or a specific discipline, if appropriate.*

The issue of “health disparities” has become a prominent issue in the recent health care literature. Health disparities refers to: “...differences (in health outcomes) that occur by gender, race or ethnicity, education or income, disability, living in rural localities or sexual orientation.”<sup>1</sup> It is important for any contemporary health degree program to address issues of how diversity translates in greater or lesser health outcomes for patients; and how health professionals must insure equal care for all.

*d) A timeline.*

Dr. Oosterwal’s one-hour presentation will take place on Tuesday, October 12, 2010 at 11:00AM at Williams Auditorium. Post presentation quiz and survey will be distributed and collected directly after the presentation.

*e) Description of the target audience, including the estimated number of participants.*

Allied Health, Optometry and Pharmacy students and faculty will be invited to Dr. Ooserwal’s presentation. Approximately 1600 students and faculty can be accommodated at Williams Auditorium.

*f) The expected impact that the event will have on Ferris.*

With an opportunity to learn from a diversity expert in the healthcare field, students have a chance to recognize their own biases and misunderstandings. This understanding can positively influence student behavior in the classroom as they work with faculty and fellow students with diverse backgrounds. In addition, it is intended to sensitize faculty to diversity issues that may arise in the classroom, which serve as the laboratory for dealing with patients and caregivers. The presentation is intended to help healthcare students better understand the different perspectives that culturally diverse patients bring to their care environment and how this influences the patient’s health outcomes. Lastly, the presentation will serve as a tool to insert diversity learning into the classroom.

We plan to use the student and faculty surveys to gather information about the current climate at the College of Pharmacy and bring this information to the diversity committee for further planning and action. We will also share results with the Colleges of Allied Health and Optometry.

*g) A specific plan to assess the impact of the event on the University.*

Surveys will be completed directly following Dr. Oosterwal's presentation in order to gather quantitative and qualitative data from students and faculty regarding the message of relating to and caring for people from diverse cultures. Summary of survey results will be compiled and reviewed by the diversity committee for discussion at the next monthly meeting. Low survey scores will help to identify future programming needs. See survey attached.

## **VI. Budget**

a) Anticipated expenses (itemize and briefly explain).

- Speaker: Gottfried Oosterwal, Ph.D., D.Litt. – Speaker Fee: \$400  
[http://www.providence.org/oregon/programs\\_and\\_services/ethics/e15clips.htm](http://www.providence.org/oregon/programs_and_services/ethics/e15clips.htm)
- Mileage from Berrien Springs, MI: \$150
- Williams Auditorium Fees: \$600 (Per Trinity Williams, Assistant Professor)
- Printing: \$150

b) Funds anticipated from other sources (please list). None

c) Total amount requested from Faculty and Staff Diversity Mini-Grant: \$1300

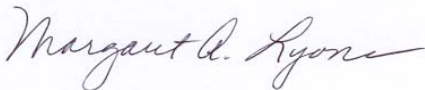
## **VII. Final Report**

A final report will be prepared following the completion of the presentation and analysis of results by the Diversity Committee.

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<sup>i</sup> Department of Health and Human Services (US). Health People 2010: understanding an improving health. 2<sup>nd</sup> ed. Washington. DHHS.; 2000. Nov. Quoted from Carter-Pokras O. What is health disparity?. *Public Health Reports*. 2002;117:426-34.

Applicants' Signatures\*:



\*Since committee members are located at numerous sites (Big Rapids, Grand Rapids, Kalamazoo and Lansing), I have signed on behalf of the College of Pharmacy Diversity Committee.

Submission Date: 09/10/10\_\_\_\_\_

Submit applications to Patty Terryn, Diversity and Inclusion Office, CSS 312. Review of applications will begin upon receipt and continue contingent on available funds.

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## Budget Overview

	Requested Grant Funds	Funding from other sources	TOTAL BUDGET
STIPEND	\$400		\$400
HONORARIA			
TRAVEL via car	To/from Berrien Springs, MI (total 300 miles x .50)		\$150
FOOD			
RENTALS	Williams Auditorium \$600		\$600
PRINTING & DUPLICATING	\$150		\$150
PROMOTION			
SUPPLIES & POSTAGE			
RESOURCE MATERIALS			
ASSESSMENT TOOLS			
OTHER			
TOTAL	\$0	\$0	\$1300

**FERRIS STATE UNIVERSITY  
COLLEGE OF PHARMACY  
EVALUATION FORM**



**RELATING TO AND CARING FOR PEOPLE FROM DIVERSE CULTURES – DR. GOTTFRIED OOSTERWAL, PH.D.; LITT.D.  
Tuesday, October 12, 2010 at 11:00AM  
Williams Auditorium, Ferris State University, Big Rapids, MI**

Your Name: \_\_\_\_\_ Please check one:  
(optional)

- FSU Student  
 FSU Faculty  
 FSU Administrator/Staff

1. Please rate from 1 (poor) to 4 (excellent) the effectiveness of the program in enabling you to meet the following objectives:

		Poor			Excellent		
A.	To make participants more aware of and knowledgeable about patients' and colleagues' cultural codes and how they affect care giving and interpersonal relationships.	1	2	3	4		
B.	To develop among the participants the ability to communicate across cultural boundaries.	1	2	3	4		
C.	To assist caregivers in developing an ability to use other people's values, assumptions and beliefs in order to make care giving more effective and satisfactory to both patients and care givers.	1	2	3	4		

2. Dr. G. Oosterwal, Ph.D.

		Poor			Excellent		
A.	Was well versed in the topic	1	2	3	4		
B.	Was well prepared	1	2	3	4		
C.	Was an interesting speaker	1	2	3	4		
D.	Was practical	1	2	3	4		
E.	Answered questions appropriately	1	2	3	4		

3. The instructional materials:

		Poor			Excellent		
A.	Complemented the session	1	2	3	4		
B.	Will serve as a useful reference	1	2	3	4		

4. What were the strengths of the presentation?

5. What, if any, improvements would you suggest?

6. With as much specificity as possible, how was this session helpful to you?

7. Where would you suggest the information presented be incorporated into curricular instruction?

8. Other comments (Use back, if necessary):

# Gottfried Oosterwal

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## *Current Positions and Activities*

Director, Center for Intercultural Relations; Berrien Springs, Michigan, 616-471-1325  
Professor of Medical Anthropology,  
Professor of Multi-cultural Education; Western Michigan University

## *Work Activities*

\*denotes current activities

Consultant: \*International Business Organizations (USA, Europe, Asia)

Consultant: Governments, on intercultural, inter-ethnic and inter-tribal relationships (New Guinea, Australia, Zimbabwe, the Netherlands, South Africa, the Philippines, Indonesia, Italy, \*Trinidad and Tobago, and \*Namibia)

Consultant: \*Medical associations, \*hospitals, \*medical schools, \*nursing associations (international).

Consultant: \*International Mission Boards and International Aid Organizations

Professor: University of the Philippines; University of Hamburg (Germany); University of Utrecht (Netherlands); Michigan State University; \*Western Michigan University; \*Andrews University; \*Loma Linda University.

## *Educational Achievements*

D.Litt Anthropology (Economics, Social Sciences); Medical Anthropology  
D.Phil Philosophy, Religious Studies (Theology)  
M.Sc. International Health  
B.A. History, Geography

## *Background*

- Born in Rotterdam, the Netherlands.
- Lived and worked in Indonesia, New Guinea, Malaysia, Singapore, the Philippines, Taiwan and Europe.
- Worked in nearly all countries of Asia, Africa and Latin America, Australia and Oceania.
- Published eleven books and numerous articles and chapters in books.
- Speaks seven languages and reads a few more.
- Received many grants, awards and recognitions from governments and international organizations for work and research on International and Intercultural Relations.

## *Hobbies*

- Music (plays several instruments)
- Carpentry
- Medieval History
- Russian and German Literature



### **Goal and Objectives:**

The overall goal of the proposed training is to develop among administrators, care givers and staff a cross-cultural competency for the specific purpose of sustaining a more efficient level of care giving in a rapidly developing multi-cultural work place.

Among the **objectives** of the training program are::

- to make participants more aware of and knowledgeable about patients' and colleagues' cultural codes and how they affect care giving and interpersonal relationships;
- to develop among the participants the ability to communicate across cultural boundaries; and,
- to assist care givers in developing an ability to use other people's values, assumptions and beliefs in order to make care giving more effective and satisfactory to both patients and care givers..

### **Methods:**

A variety of methods will be used to accomplish this goal and these objectives: interactive lectures with discussions; the use of case studies and critical incidents; audio-visual aids, (small) group discussions; and the use of handouts for greater participant-participation.

### **Outcome:**

Based on many such training programs conducted in and for other organizations and institutions, the following outcome may be expected:

- higher patient satisfaction rates;
- a lessening of frustrations felt among care givers unfamiliar with the needs and expectations of patients and colleagues from other cultures and religions;
- a greater efficiency in care giving in a multi-cultural setting;
- an increase in patients from a larger diversity of cultures and religions, with a corresponding increase in income for the institution..

### **Contents of the Training Program:**

There will be a two-fold emphasis in the program: the first will focus on the ways people from diverse cultures consider disease, experience and respond to pain, see

## **POST WORKSHOP QUIZ FOR FURTHER DISCUSSION**

**Cross-cultural misunderstandings between providers and patients can lead to mistrust and frustration, but are unlikely to have an impact on objectively measured clinical outcomes.**

- a. true
- b. false
- c. please explain your response

**When patient and provider come from different cultural backgrounds the medical history obtained may not be accurate.**

- a. true
- b. false
- c. please, explain your response

**Patients as well as providers tend to feel more comfortable with people from their own culture and act accordingly.**

- a. true
- b. false
- c. please discuss the consequences of your response

**Food and nutrition have great symbolic value which needs to be considered when caring for people from diverse cultures.**

- a. true
- b. false
- c. please give examples to support your response

**A truly conscientious health provider can eliminate his or her own prejudices or biases about certain types of patients.**

- a. true
- b. false
- c. please explain your response



**Building personal relationships with patients hurts the providers' ability to be objective and professional in his or her actions and ways of caring.**

- a. true
- b. false
- c. please view your response from a multi cultural perspective

**When developing a treatment plan or establishing a regimen that should be done only between the patient and the care giver.**

- a. true
- b. false
- c. please respond from a multi cultural perspective

**Eye-contact is essential in building trust relationships between patients and care giver.**

- a. true
- b. false
- c. please discuss your response from a multi cultural perspective

**Family members who are fluent in both English and their native tongue are the most suitable for solving the problem of interpreting in a given language.**

- a. true
- b. false
- c. please explain your response

**Being direct and up-front with the patient is usually the best way of helping him or her to understand and to accept their situation**

- a. true
- b. false
- c. please explain your response

**Some symbolic expressions and gestures – such as nodding one's head, pointing a finger, a "thumb-up" sign – are universal and can help bridge the language gap.**

- a. true
- b. false
- c. please explain your answer

**Diversity is in the first place not bio-physical but cultural**

- a. true
- b. false
- c. please explain your response

**A person's cultural code is a key to understanding why people from diverse cultures act and think the way they do**

- a. true
- b. false
- c. please explain your response

**People's cultural codes are rooted in and/or affirmed by their religion**

- a. true
- b. false
- c. please give examples

**When people from diverse cultures meet they judge each other through their respective cultural codes**

- a. true
- b. false
- c. please explain your response

**There is only one true scientific way of determining the nature of people's health and illness**

- a. true
- b. false
- c. please explain your response

**Science-based notions of food and nutrition are universally applicable**

- a. true
- b. false
- c. please explain your response

**People's body image is a powerful factor shaping their notions of illness and good health**

- a. true
- b. false
- c. please give examples

**Sharing food together can be a powerful factor in establishing trust relationships**

- a. true
- b. false
- c. how would you implement this factor?