Introduction to Cultural Competency

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Core Concepts

• Critical to Effective treatment
  – Improve customer service, relations and satisfaction
  – Higher probability of remaining in treatment
  – Improved treatment outcomes
Core Concepts

• Builds a stronger, more effective behavioral health system that:
  – Recruits and retains the best providers
  – Promotes a common vision & organizational commitment
  – Enhances quality health care/customer service
  – Fosters community relations and outreach
Benefits of Cultural Competence in Healthcare

- Reduce health disparities
- Improve client care and satisfaction
- Decrease malpractice risks and insurance costs
- Responds to changing demographics in the US
- Increase compliance with state and federal regulations
- Increase compliance with URAC, NCQA and other accreditation standards
Projected US Population

Year

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<th>Year</th>
<th>2000</th>
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<th>2030</th>
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<td>3</td>
<td>3.5</td>
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Languages Other than English Spoken in the US

- Spanish: 62.1%
- Other: 13.0%
- Other Asian or Pacific Island: 3.8%
- Tagalog: 2.6%
- Vietnamese: 2.2%
- Chinese: 4.5%
- German: 2.5%
- Korean: 1.9%
- French: 3.6%
"They say we're not placing enough emphasis on diversity."
Learning Objectives

• Recognize how your personal history has helped shape your unique identity and perspective on the world

• Understand how values, beliefs and attitudes can influence the way in which people relate to others who are different from them

• List three things you can do to value and respect differences among your coworkers and members.
Stages Towards Cultural Competency

- Awareness and Acceptance of Differences
- Awareness of Own Cultural Values
- Understanding and Managing the “Dynamics of Difference”
- Development of Cultural Knowledge
- Ability to Adapt Activities to Fit into Different Cultural Contexts
What is Culture?

• Culture Is –
  – Those elements of a people’s history, traditions, values and social organizations that become implicitly or explicitly meaningful to the members of that group.
  – A shared set of learned attitudes, values, goals and practices that characterize a group, and are passed from generation to generation.
What is Cultural Competency?

Individual -

“the ability to use knowledge and communication skills to work effectively with people of different cultures ... the state of being capable of functioning effectively in the context of cultural differences”

Organizational -

“the integration of behaviors, skills, attitudes, policies and procedures, which will come together in a system to enable people to work effectively across cultures”
Process of Developing Cultural Competence is:

• A journey – not a goal
• A process of self-reflection
  – Understanding our own beliefs and biases
  – Knowing what we bring to a clinical encounter
Balance between fact-centered and attitude/skill-centered approaches.

- The fact-centered approach teaches cultural information about specific cultural groups.
- The attitude-/skill-centered approach enhances self awareness, communication skills and emphasizes the sociocultural context of individuals.
Campinha-Bacote’s Model:

- Helps health care professionals to see cultural competence as a process that focuses on:
  - **Awareness** of your biases and the presence of racism and other “isms”
  - **Skills** to conduct a cultural assessment in a sensitive manner
  - **Knowledge** about different cultures’ worldview and the field of biocultural ecology
  - **Encounters**, face-to-face interactions and other encounters you have had with people from cultures different than yours
  - **Desire** to become culturally competent

From: Campinha-Bacote, 2002b, used with permission from Transcultural C.A.R.E. Associates
Some Factors to Consider when Engaging Culturally Diverse Groups

- Manner
- Mindset
- Ideas
- Beliefs
- Gender
- Values
- Stigma
- Socioeconomics
- Arts
- Social institutions
- Myths and legends
- Historical trauma
- Customs & Traditions
- Religion & Spirituality
- Laws (written & unwritten)
- Language
- Preferred Foods
- Preferred clothing
- Education
- Ceremonies & rituals
- Experience
- Individual identity
- Gestures & facial expressions
Culture Affects

• How people see time
• How people develop trust
• How people make decisions
• How people take risks
• How people work to achieve goals
• How people communicate (verbally & non-verbally)
• How people seek help
Each Person can Belong to Several Cultures

- National
- Regional
- Gender
- Sexual Orientation
- Ethnic Group
- Generation

- Religion
- Social Class
- Occupation
- Military Status
- Common Language
- Ability Status (disability)
- Etc…
People are Multidimensional

Ethnicity
Socioeconomic Status
Religion
Race
Age
Sexual Orientation
Individuals with Low Literacy
Disability
Gender
Deaf and Hard of Hearing (HOH)
Limited English Proficiency (LEP)
Our Own Culture is like a Lens

• We tend to view people and situations through our own lenses and filters.

• The lens feels so normal and natural that we may not recognize its existence and power in shaping how we think.

• We all carry preconceptions and stereotypes when we think of culture.

• Culture is learned.

• Culture is not defined by ethnicity.

• People often make assumptions based on appearances.
A Rabbit.... Or A Duck?
How many legs does this elephant have?
Barriers to Cross-Cultural Communication

1. Assumed similarity
2. Non-verbal communication
3. Verbal language
4. Tendency to evaluate
5. Preconceptions and stereotypes
Barriers to Cultural Understanding

• Continued acceptance of the “melting pot” myth; judging and blaming people for not blending into the majority or dominant culture.

• Pretending to be “colorblind.” Treating everybody exactly the same and ignoring the role of culture.

• Explaining a person’s behavior by reference to their culture.

• Assuming that words mean the same thing to everyone; not being in tune with language differences, especially slang and jargon.
Barriers to Cultural Understanding, Continued

• Lacking knowledge about the culture and experiences of specific cultural groups; failing to ask about the background and customs of people from different cultures.

• Assuming others think and act as you do.
How Culture impacts interactions with our members

• Beliefs/attitudes about the causes and treatment for mental illness. (e.g. are mental illnesses a sign of personal failure, a moral issue, a spiritual issue or a healthcare matter?)

• Beliefs about whether it is appropriate to talk about one’s feelings.
How Culture impacts interactions with our members

• Beliefs/attitudes about taking medication.
• Beliefs/attitudes about therapy.
• Social conventions about relating to those seeking help. (boundary issues)
• Beliefs about what is appropriate to share outside of the family.
How Culture impacts interactions with our members

- Accepted gender roles in the relationship.
- Beliefs about asking for help in relation to perceived strength and weakness.
- Family and or societal hierarchy issues.
- Communication barriers because of Limited English Proficiency or disability.
Stereotypes vs. Cultural Patterns
Ethnic Group

• A group within a larger population who defines itself and is regarded by others as being a distinct people because they share a common culture, language, religion, ancestry, physical appearance, or some combination of such characteristics.

• The ethnic group’s sense of identity is valued by its members and passed from generation to generation.
RACE VS ETHNICITY

- Popular culture and the media often do not distinguish between the use of the terms *race* and *ethnicity*.

- It is important to use this terminology correctly. It is imperative that we view them as separate terms.

- **Ethnicity** often refers to belonging to a common group with a shared heritage, linked by geography, nationality, and language.

- **Race** is a social concept related to how people are classified on the pretext of their physical appearance. It is possible for someone to belong to various ethnic groups and still be classified as being from one racial category.
Minority Group

• Groups whose members have significantly less control or power over their own lives than that held by the members of the dominant or majority group.

• Minority group status has a powerful impact on individual behavior and on a person’s opportunity for socioeconomic advancement.
Minority Groups, cont.

• Minority group members often experience prejudice and discrimination.

• Prejudice and discrimination can be subtle or overt.
Prejudice and Discrimination

- **Prejudice** is an unfavorable attitude or belief about a particular individual or group.

- **Discrimination** refers to behaviors or actions that are unfavorable toward an individual or group, depriving them of certain basic rights and opportunities.
Stereotypes

- A **stereotype** is a preconceived or oversimplified generalization about an entire group of people without regard for individual differences.

- A stereotype is a form of media representation by which characteristics are used to label members of social or cultural groups.

- Even when stereotypes are positive, they always have a negative impact and can lead to discrimination.
Cultural Patterns

• *Cultural patterns* are a set of beliefs, values and norms that a person develops by being a member of a cultural group, which in turn, influences the person’s thinking and behavior.

• *Cultural Patterns* can be used to understand groups of people. These patterns are not frozen, or static, but open to exceptions since many individuals have experiences that are not shared by their group.

• Cultural patterns are distinct from stereotypes.
One Example of Cultural Patterns vs. Stereotypes

• A *cultural pattern* is how Amish people have structured their daily lives and their communities to reflect their spiritual values of humility, godliness, hard work, pacifism, and simplicity.

• An *stereotype* is the belief that Amish people are simple, backward and ignorant about life in the 21st century.
PERCEPTIONS

Impact our ability to accept others
Valuing Differences

• Enhance your understanding of other cultural groups by learning about and participating in their holidays, festivals and other events.

• Acknowledge that you believe some stereotypes and have some prejudices.

• Put your own biases and assumptions aside when dealing with other people.

• Do not attempt to be culture or color blind.
• Encourage informal mentorships between workers from different backgrounds.

• Develop networks with people from the cultures you most frequently encounter, asking questions to find out about their cultures.

• Do not assume you know or understand a person’s cultural identity on the basis of appearance or superficial data (e.g., surname).
Valuing Differences (continued)

- Do not let discriminatory remarks or actions pass without comment.
- Adopt an “inclusiveness” model for dealing with others.
- Be sensitive to your own language and behaviors, stopping to think how others may feel before you speak or act.
- When speaking to someone whose native language is different from your own, avoid the use of slang or jargon that may be confusing.
- Do not assume everyone is like you or that your way is the best way.
Bridging Cross-Cultural Communication Barriers

- Self-awareness
  - Not acting on our stereotypes
    - Respecting individuals
    - Culture-specific knowledge
    - Treat each person uniquely
      - Seek information
      - Tolerate differences
Related National Standards

CLAS stands for:

• Culturally and Linguistically Appropriate Services
National Standards for Culturally and Linguistically Appropriate Services in Healthcare

1. Healthcare organizations should ensure that patients/consumers receive from all staff members effective understandable and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

2. Healthcare organizations should implement strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

3. Healthcare organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
National Standards for Culturally and Linguistically Appropriate Services in Healthcare (continued)

- Healthcare organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Review

What Key Points do you recall from this training?
For the Future

- What is One thing you can start doing?
- What is One thing you can stop doing?
- What is One thing that you need to continue to do to work with diverse colleagues and provide services to diverse clients?