Introduction to Cultural Competency
Learning Objectives

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

2. Understand how values, beliefs and attitudes influence the way people relate to others who are different from them

3. List three things you can do to begin understanding the differences among your coworkers and members.
Core Concepts

For patients - Critical to Effective Health Care

– Improves customer service, relations and satisfaction
– Higher probability of patient remaining in treatment or adherence to treatment plan
– Improved treatment outcomes
Core Concepts

For Providers:

- Important building block of clinical care
- Skill set that enhances professionalism and quality
- Decreases risk of malpractice
- Improves patient outcomes through improved compliance
Core Concepts

For the Organization - Builds a stronger, more effective health care system that:

- Recruits and retains the best employees
- Promotes a common vision & organizational commitment
- Enhances quality health care/customer service
- Fosters community relations and outreach
Core Concepts – For the Health Care System

- Reduces health disparities
  - Responds to changing demographics in our community
- Increase compliance with state and federal regulations
  - Improved individual health translates to improved community health and wellness
Projected US Population

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CHP Counties – Demographic Profile -

- White
- Black
- Asian
- Native Hawaiian/pacific Islander
- Native American
- Hispanic
- two or more races

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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%

ValueOptions®
"They say we're not placing enough emphasis on diversity."
What is Culture?

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.
People are Multidimensional

- Ethnicity
- Socioeconomic Status
- Religion
- Race
- Age
- Sexual Orientation
- Disability
- Individuals with Low literacy
- Gender
- Deaf and Hard of Hearing (HOH)
- Limited English Proficiency (LEP)
Each of us belong to several cultural groups

- National
- Regional
- Gender
- Sexual Orientation
- Ethnic Group
- Generation
- Religion
- Occupation
- Military Status
- Common Language
- Ability Status (disability)
- Social Class
- Etc…
Cultural Attributes that contribute to a Person’s Uniqueness

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

- How people see **time**
- How people develop **trust**
- How people make **decisions**
- How people take **risks**
- How people **communicate** (verbally & non-verbally)
- How people **seek help**
- How people work to achieve **goals**
Definitions

Reviewing Common definitions can help us think about our own perceptions and their potential for creating cultural barriers.
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. Living in or being born in a common region can also be very important.

The ethnic group’s sense of identity is valued by its members and passed from generation to generation. Individuals show pride in belonging to their ethnic group.
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. They do not mean the same thing.

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

Race is a social concept that classifies people on the basis of their physical appearance. One racial category can be represented in numerous ethnicities worldwide.
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 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. The generalization is applied to all members of the group.

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

- Even when stereotypes are positive, they can have a negative impact that leads to discrimination, overgeneralization, or obstructing our ability to get to know people as individuals.
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. But it’s important to be open to exceptions since many individuals have experiences that are not shared by their group.

- Cultural patterns are different 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. They are naïve and can be easily taken advantage of.
What is Cultural Competency?
How to become Cultural Competent.
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
Process of Developing Cultural Competence:

A journey – not a goal

A process of self-reflection

Understanding our own beliefs and biases

Knowing what we bring to a personal or clinical encounter
• We tend to view people and situations through our own lenses and filters.

• The lens feels so normal 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.
Balance between fact-centered and attitude/skill-centered approaches.

The fact-centered approach teaches specific cultural information about different cultural groups.

The attitude-/skill-centered approach enhances self awareness, communication skills and emphasizes the sociocultural context of individuals.
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”
Barriers to Cross Cultural Communication
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

- Colorblindness
- Assuming Others are like you
- All Behaviors explained by culture
- Melting Pot Myth

No understanding
No support
How Culture Impacts our Interactions with our Members
Western, educated people who possess high health literacy pose the least challenge.

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

What are the person’s beliefs about whether it is appropriate to talk about one’s feelings.

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.

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.
Actions to take to become more culturally competent
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
Communication Do’s

- Learn and use the correct pronunciation of person’s name
- Give examples to illustrate point
- Look at the situation from the other person’s perspective
- Simplify or rephrase what is said
- Use language that is inclusive
- Pause between sentences
- Ask for Clarification
- Listen for feeling
- Remain aware of biases and assumptions
- Be Patient
Communication Don’ts

- Pretend to understand
- Always assume that you are being understood
- Rush or shout
- Laugh at misused words or phrases
- Overuse idioms and slang
- Assume that using first names is appropriate
- Assume that limited language proficiency means limited intelligence
Persons with Disabilities – 2 Cultural Perspectives of Disability

Social Model – *disability is environmental*. The environment disables the individual and the environment needs fixing.

Medical Model – *Individual is impaired*. The **individual** needs services/care in order to adapt to the environment—either by therapy, medicine, surgery, or special treatment.

Disability-competent care incorporates both perspectives.
Cultural Issues

Incorporate both perspectives
• Provide best medical treatments;
• Ask about barriers that may exist in the person's environment.

• Specific strategies:
  – Schedule more time for appointment, to assess environmental barriers.
  – Allow patient to have an advocate (of the patient’s choosing) to attend the appointment.
  – Learn if there are barriers that impede the member’s ability to comply with treatment
Interpreter Services

- CHP members with communication disabilities or LEP (limited English proficiencies) have the right to get interpreter services for appointments with their PCMP.
- CHP will help providers arrange for interpreter services.
- When possible, contact CHP in advance.
- In an urgent situation needing interpreter services, telephonic interpreter services may be available for LEP members.
Tips for using Interpreter Services

- Avoid using family or friends as interpreters, even when the member asks. NEVER ask a member’s child to do interpretation.
- Allow extra time for the appointment – the appointment may take at least twice as long.
- Arrange seating in a “triangle”
- Don’t say anything to the interpreter that you do not want the member to hear.
- Use carefully chosen words to convey meaning;
- Avoid hand gestures
Tips for using Interpreter Services

- Speak in a **normal tone**; speak slowly and clearly.
- **Avoid technical terms** or jargon; use lay-person language when appropriate.
- Keep your **statements short**, pausing to allow for interpretation.
- Ask **one question** at a time.
- **Expect interruptions** from the interpreter to ask for clarification; the interpreter might take notes.
Valuing Differences

• Learn more about other cultural groups - learn about and participate in their holidays, festivals and other events.

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

• Try to put your own biases and assumptions aside when dealing with other people.

• Don’t try to be culture or color blind.

• Establish trust by observing culturally relevant courtesies and traditions
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.
  – Telling jokes can be risky
  – What Americans find humorous may not be funny in other cultures
• 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.
Valuing Differences (continued)

• 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).
CLAS
Related National Standards
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.
National Standards for Culturally and Linguistically Appropriate Services in Healthcare

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.

4. Health Care Organizations must offer and provide language assistance services including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language services.

6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
National Standards for Culturally and Linguistically Appropriate Services in Healthcare

7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

8. Health care organizations should develop, implement and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
National Standards for Culturally and Linguistically Appropriate Services in Healthcare

9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based valuations.

10. Health care organizations should ensure that data on the individual patient's/ consumer's race, ethnicity, spoken and written language are collected in health records, integrated into the organization's information systems, and periodically updated.
11. Health care organizations should maintain a current demographic cultural and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patient/consumers.

14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.
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?