



Cultural Competency

2017



Learning Objectives



Participants will:

- Define culture and cultural competency.
- Discuss 6 levels of cultural competency.
- Identify 4 communication variations within and across cultures.
- List 2 reasons why providing culturally competent healthcare improves client/member treatment.

Disclaimer & Rules



Disclaimer:

- Culture may be a sensitive topic.
- Everyone is an expert on their own culture.
- We are all responsible for establishing a learning environment where everyone feels safe to share.

Rule: We all will be respectful of everyone's views.

Defining & Understanding Culture



Culture...



- Is defined as behaviors, values, and beliefs shared by a group of people.
- Affects every aspect of an individual's life:
 - i.e., how individuals experience, understand, express, and address emotional and mental distress.



Culture & Self Perception



- An individual's cultural background affects how they view/ perceive themselves.
- Individualistic cultures vs. collectivistic cultures:
 - Those from an individualistic culture may:
 - See themselves as separate from others
 - Define themselves based on their personal traits
 - See their characteristics as relatively stable and unchanging
 - Those from a collectivistic culture may:
 - See themselves connected to others
 - May define themselves in terms of relationships with others
 - See their characteristics as more likely to change across different contexts

Acculturation vs. Assimilation



Residents of the US who have not been citizens since birth will fall into one of the following categories:

- Legal, permanent residents
- Temporary migrants (students)
- Humanitarian migrants (refugees)
- Naturalized US citizens
- Person illegally in the US

Foreign born immigrants will have different levels of acculturation or assimilation.

Culture as Context



- Culture is central, not peripheral, to recovery.
- Behaviors have no inherent label of meaning:
 - The “label” for a behavior is discovered through an analysis of the context in which the behavior occurs.
 - Even if a behavior appears to be the same, behaviors in different contexts are NOT the same.

Components of Culture



Components of Culture

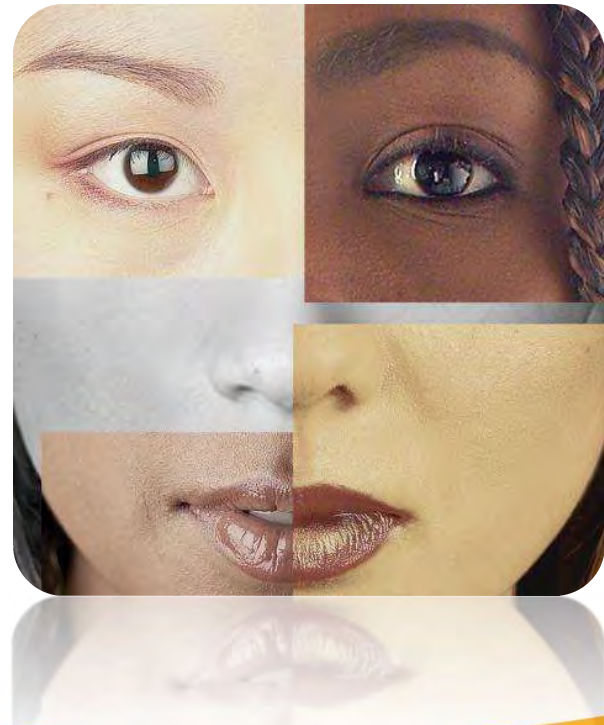


- Race
- Ethnicity
- Language
- Sexual orientation
- Gender
- Age
- Disability
- Class/socioeconomic status
- Education
- Religious/spiritual orientation
- Family orientation

Race



- Is a culturally constructed category of identity.
- Divides humanity into groups based on physical traits that individuals have at birth.



The Role of Race in Society



Racial categories and constructs have varied widely over history and across societies.

The construct of race has no consistent biological definition.

Race plays a role in:

- Racial ideologies
- Racism
- Discrimination
- Social exclusion

Ethnicity



- A culturally constructed group identity used to define people and communities.
- May be rooted in a common history, geography, language, religion, or other shared characteristic of a group, which distinguishes that group from others.

Race depends on the biological or physical traits of your ancestry.

VS

Ethnicity depends more on the non-physical aspects of your ancestry.

Worldview



World view determines an individual's:

- Perceptions
- Spirituality
- Understanding of humans, nature, and the universe

Components of worldview include:

- Values
- Beliefs
- Perceptions
- Communication style
- Individual and group identities

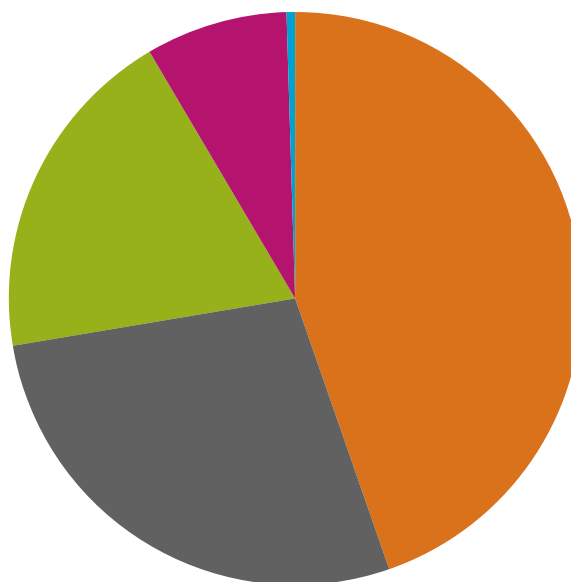
Culture is a predominant force within worldview, shaping behaviors, values, and institutions.

Religion



5 of the world's major religions include:

- Christianity
- Islam
- Hinduism
- Buddhism
- Sikhism



■ Christianity	(2.1 billion)
■ Islam	(1.3 billion)
■ Hinduism	(900 million)
■ Buddhism	(376 million)
■ Sikhism	(23 million)

Religion in Healthcare Treatment



Studies have shown that:

- Many groups dealing with major life stressors state that religion and spirituality are helpful to people in coping.
- Individuals would like to be able to talk about matters of faith in their treatment.

By increasing our knowledge of different religions and views regarding healthcare we can better meet the client's needs

Age



- Patient care varies depending on the patient's age group.
- Healthcare professionals use different approaches to keep age specific needs in mind.
- Differences in communication of information depend on age (i.e., child versus adult)



What is Cultural Competency?



Cultural Competency



- An ongoing process.
- When individuals and systems respond respectfully and effectively to people of all cultures.
- Recognizing and affirming the value and worth of individuals, families, and communities.
- Protecting and preserving the dignity of each individual.

Cultural Competency Involves



- Obtaining cultural knowledge.
- Developing cultural awareness.
- Demonstrating cultural sensitivity.



6 Levels of Cultural Competency

- 1. Destructiveness:** Assumption of cultural superiority and exploitation by dominant groups.
- 2. Incapacity:** Ignorance or fear of other groups and cultures.
- 3. Blindness:** The philosophy of being “color-blind”; belief that culture, color, or class makes no difference.
- 4. Pre-Competence:** The realization of weaknesses in working with other cultures.
- 5. Basic Competence:** Acceptance and respect for differences; expansion of knowledge.
- 6. Advanced Competence:** Cultures are held in high esteem; constant development of new approaches.

Cultural Competency & Treatment



The nation's diversity has important implications for various treatment programs and settings.

Understanding & appreciating a client's cultural background will expand treatment opportunities.

Enhancing the sensitivity & capacity to treat clients from other cultures improves a program's ability to treat all clients.

What is Diversity?



“The condition of having or being composed of differing qualities.”

- Includes many variables like: race, religion, color, gender, national origin, age, disability, sexual orientation, education, geographic origin, etc.
- Why does diversity matter?
- Why is diversity relevant to Cultural Competency?

Cultural Competency Standards for Professionals



Communication Variations



Touch



- While physical touch is an important form of non-verbal communication, the etiquette of touch is highly variable across and within cultures.
- Touch can provide reassurance and kindness, or it can be a discomfort and annoyance.

Eye Contact (Nonverbal Communication)

- In mainstream Western culture, eye contact is interpreted as attentiveness and honesty; we are taught that we should “look people in the eye” when talking.
- However in many cultures including Hispanic, Asian, Middle Eastern, and Native American, eye contact **may** be thought of as disrespectful or rude, and lack of eye contact may not mean that a person is not paying attention.

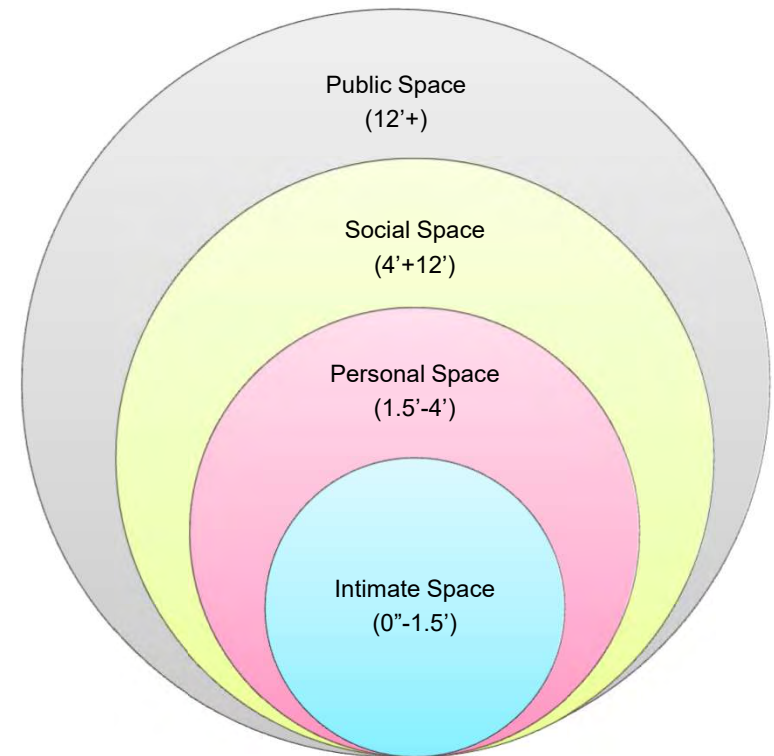
Time



- People use time differently in various parts of the world.
- There are two different ways of using time:
 1. Monochronic Cultures: one thing at a time.
 2. Polychronic Cultures: many things at the same time.
- Why is this knowledge important if you are working with people from different cultures?

Communication Zones

- What is the patient's preferred requirement for personal space?
- How close does the patient like to stand when speaking with health care providers?
- Does a person of the opposite sex seem more uncomfortable than might be expected?

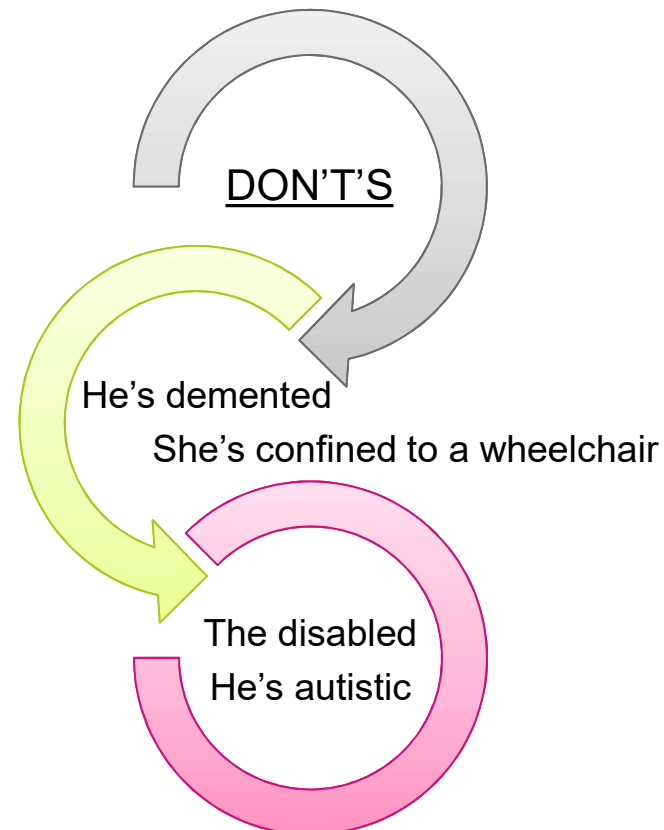
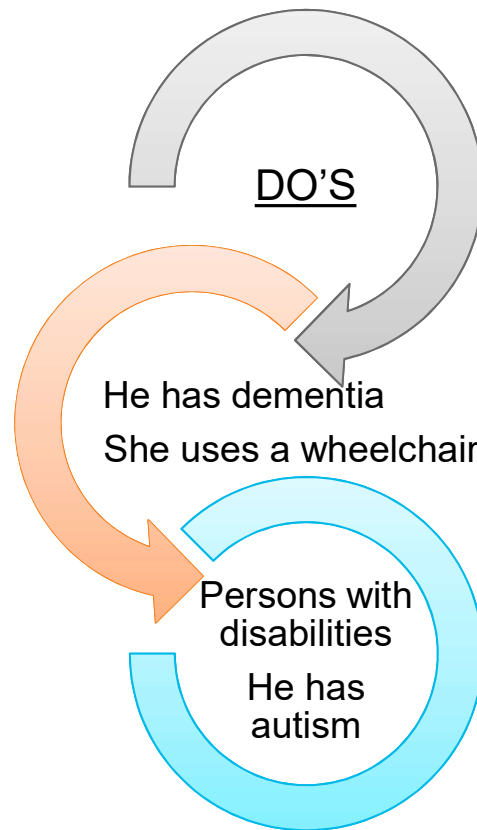


People First Language



- Use “people first language” when talking about disabilities.
- People first language puts the person before the disability and describes what the person has, not who the person is.
- Using appropriate language helps shape attitudes and perceptions.
- People first language avoids perpetuating old stereotypes.
- What do you call a person with a disability? A person!
- Always assume competence when talking with a person who has a disability.

Cultural Sensitivity Guidelines



Conversation



As professionals, we must:

- Be open to initiating conversation about issues related to their culture and being honest about issues related to our own.
- Have conversations oriented toward people and focusing on human relations.
- Ensure information is conveyed and received as intended.

Positive Impacts of Cultural Competency



- More successful patient education.
- Increases in patient's health care seeking behavior.
- More appropriate testing and screening.
- Fewer diagnostic errors.
- Avoidance of drug complications.
- Greater adherence to medical advice.
- Expanded choices and access to high-quality clinicians.



What Can Providers Do?

- Understand Individuals' strengths can be rooted in their worldview and culture
- Differences between individuals are a source of enrichment that can expand the options available to solve problems
- Involve members in their own healthcare
- Learn more about culture, starting with your own
- Speak the language or use a trained interpreter
- Ask the right questions and look for answers
- Pay attention to financial issues
- Find resources and form partnerships

What Can Providers Do?



- Help members understand that they have access to medical interpreters, signers, and TDD/TTY services to facilitate communication at no cost.
- Create treatment plans and clinical guidelines with consideration of the member's race, country of origin, native language, social class, religion, mental or physical abilities, heritage, acculturation, age, gender, sexual orientation and any other characteristics that may result in a different perspective or decision making process.
- Have posted and printed materials at the office in English, Spanish, and all other prevalent non-English languages (if required by AHCA) available for patients.
- Provide office staff with Cultural Competency training and development.

What Is Your Role?



Think about your role in the healthcare field

- How can you apply what you learned/discussed in this training to your daily operations?
- What is the culture of your office/work environment?

A Parting Thought...



“We have become not a melting pot but a beautiful mosaic. Different people, different beliefs, different yearnings, different hopes, different dreams.”

– Jimmy Carter

References & Resources



- Age Specific Considerations in Patient Care. (2004). Retrieved September 11, 2015, from <http://lms.rn.com/getpdf.php/587.pdf>
- Top 5 Largest Religions in the World. (2017). Retrieved July 25, 2017, from <http://thecountriesof.com/top-5-largest-religions-in-the-world/>
- The Top 5 Religions with the Most Followers (2017). Retrieved July 25, 2017 <https://top5ofanything.com/list/2252cee1/Religions-with-the-Most-Followers>
- Behind the Numbers: Race, Ethnicity, and Ancestry. (n.d.). Retrieved September 11, 2015.
- Brault, M. (2012, July 1). Current Population Reports. Retrieved September 14, 2015, from <http://www.census.gov/prod/2012pubs/p70-131.pdf>
- Cultural Competence. (n.d.). Retrieved September 14, 2015, from http://www.mentoring.org/downloads/mentoring_437.pdf
- Cultural Competence in Mental Health. (n.d.). Retrieved September 10, 2015, from http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/community_inclusion/Cultural_Compentence_in_MH.pdf

References & Resources



- Definitions for New Race and Ethnicity Categories. (n.d.). Retrieved September 11, 2015, from <https://nces.ed.gov/ipeds/reic/definitions.asp>
- *Diagnostic and statistical manual of mental disorders: DSM-5*. (5th ed.). (2013). Washington, D.C.: American Psychiatric Association.
- Disability Etiquette & People First Language. (n.d.). Retrieved September 14, 2015, from [http://kc.vanderbilt.edu/kennedy_files/TennesseeDisabilityPathfinder-DisabilityEtiquettePeopleFirstLanguage\(12811\).pdf](http://kc.vanderbilt.edu/kennedy_files/TennesseeDisabilityPathfinder-DisabilityEtiquettePeopleFirstLanguage(12811).pdf)
- Disparities in Health and Health Care: Five Key Questions and Answers. (2012, November 30). Retrieved September 14, 2015, from <http://kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>
- Edward T. Hall, "Proxemics," *Current Anthropology* 9, no. 2 (1968): 83–95.
- Eliminating Racial/Ethnic Disparities in Health Care: What are the Options? (2008, October 20). Retrieved September 14, 2015, from <http://kff.org/disparities-policy/issue-brief/eliminating-raciaethnic-disparities-in-health-care-what/>

References & Resources



- Factors That Contribute to Health Disparities in Cancer. (2014, July 21). Retrieved September 14, 2015, from http://www.cdc.gov/cancer/healthdisparities/basic_info/challenges.htm
- Geriatric Nursing Resources for Care of Older Adults. (2012). Retrieved September 14, 2015, from http://consultgerirn.org/topics/ethnogeriatrics_and_cultural_competence_for_nursing_practice/want_to_know_more
- Hall, E. (1968). *Proxemics* (Vol. 9). Chicago, Ill.: Current Anthropology.
- Leavitt, R. (n.d.). Developing Cultural Competence in a Multicultural World, Parts 1 & 2. Retrieved September 14, 2015, from [http://www.udel.edu/PT/current/PHYT600/2012/Lecture4Handouts/CES_25_CulturalCompetence_012003\[1\].pdf](http://www.udel.edu/PT/current/PHYT600/2012/Lecture4Handouts/CES_25_CulturalCompetence_012003[1].pdf)
- Mandal, D. (2010, August 16). Disparities in Access to Health Care. Retrieved September 14, 2015, from <http://www.news-medical.net/health/Disparities-in-Access-to-Health-Care.aspx>

References & Resources



- McMahon, L. (2012, February 20). Cultural Differences and Time: Looking Beyond "Late" or "On Time" Retrieved September 14, 2015, from <http://www.englishandculture.com/blog/bid/78928/Cultural-Differences-and-Time-Looking-Beyond-Late-or-On-Time>
- Principles of Multicultural Psychiatric Rehabilitation Services. (n.d.). Retrieved September 11, 2015, from http://www.aprs.org.sg/information/2008_Multicultural_Principles.pdf
- PSYCH 485 blog. (2012). Retrieved September 14, 2015, from <http://sites.psu.edu/leadership/2012/12/02/gender-stereotypes-in-healthcare>
- Race. (2010). Retrieved September 11, 2015, from <http://www.census.gov/topics/population/race.html>
- Rachel Dolezal and Race as a Social Construct. (n.d.). Retrieved September 11, 2015, from <http://www.msnbc.com/nerding-out/watch/rachel-dolezal-and-race-as-a-social-construct-466170947925>
- Racial and Ethnic Disparities in Alzheimer's Disease: A Literature Review. (2015, June 13). Retrieved September 14, 2015, from <http://aspe.hhs.gov/daltcp/reports/2014/RacEthDis.cfm#evidence>

References & Resources



- Seibert, P., Stridh-Igo, P., & Zimmerman, C. (2001, November 5). A checklist to facilitate cultural awareness and sensitivity. Retrieved September 14, 2015, from <http://jme.bmj.com/content/28/3/143.full>
- Section 2. Building Relationships with People from Different Cultures. (n.d.). Retrieved September 11, 2015, from <http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/building-relationships/main>
- Stereotyping, Negative Assumptions and Paternalism Towards Older Adults. (2009). Retrieved September 14, 2015, from <http://www.lco-cdo.org/en/older-adults-consultation-paper-sectionIV>
- Stages and Levels of Cultural Competency Development. (n.d.). Retrieved September 14, 2015, from http://www.txhealthsteps.com/static/txhealth-inquisiq-com/resources/media/Stages_and_Levels_of_Cultural_Competency_Development.pdf
- The Mission and Structure of the Office of Management and Budget. (n.d.). Retrieved September 11, 2015, from https://www.whitehouse.gov/omb/organization_mission/

References & Resources



- Treatment, C. (n.d.). Preparing a Program To Treat Diverse Clients. Retrieved September 14, 2015, from <http://www.ncbi.nlm.nih.gov/books/NBK64076/>
- UCareMinnesota (2000). Six Steps Toward Cultural Competence. Retrieved September 22, 2015 from <https://www.ucare.org/providers/documents/6stepsculturalcompetence.pdf>
- Understanding How Culture Influences Behavior - HealthyPsych.com. (2015, January 30). Retrieved September 10, 2015, from <http://healthypsych.com/individualist-collectivist-understanding-culture-influences-behavior/>
- Vermont Department of Health. (n.d.). Cultural Differences in Nonverbal Communication. Retrieved September 14, 2015, from <http://healthvermont.gov/family/toolkit/tools%5CF-6%20Cultural%20Differences%20in%20Nonverbal%20Communic.pdf>
- What Role Do Religion and Spirituality Play In Mental Health? (2013). Retrieved September 11, 2015, from <http://www.apa.org/news/press/releases/2013/03/religion-spirituality.aspx>