CORE CONCEPTS IN CULTURAL COMPETENCE
Agenda

• Overview of Cultural Competence
• Cultural Identity: A Definition
• Cultural Competence and Managing Change
• Becoming a Culturally Competent Organization
• Health Disparities
• Social Determinants of Health
Core Concepts and Definitions in Cultural Competence is designed as a foundation upon which participants can begin to build their understanding of cultural competence and health literacy. A comprehensive overview of the key concepts and theories related to cultural competence and health literacy are explored against the backdrop of salient issues related to disparities in providing and receiving cultural competent healthcare.
Learning Objectives

After completing this course, participants will:

• Understand the key concepts related to cultural competence
• Understand the role cultural competence plays in addressing disparities in healthcare
• Understand the relationship between cultural competence and health literacy
• Be able to identify some of the ways in which cultural competence can influence organization change
• Begin to formulate strategies that promote effective healthcare and services to all patients across culturally diverse populations
GROUND RULES

• LISTEN TO EACH OTHER AND RESPECT OUR DIFFERENCES
  Respecting our differences is what this entire workshop is all about.

• AGREE TO DISAGREE
  Agreement is not necessarily the primary objective; complete exploration of different points of view is important.

• SPEAK FROM SELF
  Use “I” Statements. We typically do not want to, and cannot change something we do not understand.

• WHAT IS SAID IN THIS ROOM STAYS IN THIS ROOM
  This point should be obvious. Little can be accomplished in this workshop without complete honesty, and honesty cannot be achieved in an environment where individuals do not feel safe.

• EVERYONE AGREES TO MAKE AN EFFORT TO CONTRIBUTE HONESTLY AND TO SHARE AND DEAL WITH FEELINGS IN A POSITIVE FASHION
  Much of the success of this workshop is based on exploration of and an understanding of our feelings and attitudes towards others. Again, honesty and commitment are essential.

• EXPECT UNFINISHED BUSINESS
  Understanding and valuing differences is a journey, and not a destination. It is important to remember that for each of us, more work and discovery lie ahead.

HAVE FUN!
"ISM” and "PHOBIA” FREE ZONE

NO RACISM
Prejudice, discrimination, or antagonism directed against someone of a different race based on the belief that one's own race is superior.

NO XENOPHOBIA
Prejudice, stereotyping, or discrimination, against someone from a different country of location.

NO SEXISM
Prejudice, stereotyping, or discrimination, typically against women, on the basis of sex.

NO HOMOPHOBIA
Irrational fear of, aversion to, or discrimination against people who are GLBT and Same Gender Loving.

NO SIZEISM
Sizeism or size discrimination is discrimination based on a person's size.

NO ABLEISM
Discrimination or prejudice against individuals with disabilities

NO AGEISM
Discrimination against persons of a certain age group or a tendency to regard older persons as debilitated, unworthy of attention, or unsuitable for employment

NO HATE
CULTURAL COMPETENCE

- Cultural Sensitivity
- Culturally Relevant
- Culturally Responsive
- Linguistically Competent
- Racially Aware
- Culturally Appropriate
- Cultural Proficiency
- Racially Sensitive
- Culturally Aware
- Cultural Humility
An Iceberg Concept of Culture

- dress
- gender
- language
- physical characteristics
  - eye behavior
  - body language
  - facial expressions
- sense of self
- religion/spirituality
- gender identity
- emotional response patterns
- rules for social interaction
- child rearing practices
- decision-making processes
- approaches to problem solving
- concept of justice
- value individual vs. group
- perceptions of mental health, health, illness
- notions of modesty
- concept of cleanliness
- patterns of superior and subordinate roles in relation to status by age, gender, class & orientation
- and much more...

- disability
- age
- race or ethnicity
- sexual identity
Cultural Competence: A set of congruent behaviors, attitudes, and policies that come together in a system, organization, or among professionals and enables that system, organization, or those professionals to work effectively in cross-cultural situations. (Cross et al)

Organizations and Individuals are characterized by:

- Acceptance and Respect for Differences
- Continuing Self-Assessment Regarding Culture
- Attention to the Dynamics of Difference
- Continuous Expansion of Cultural Knowledge and Resources
- Adaptations to Service Models

All in order to better meet the needs of vulnerable populations and cultural groups.

Cultural Competence is critical to reducing health disparities and improving access to high-quality care, and services that is respectful of and responsive to the needs of diverse consumers/patients.
The ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients’ social, cultural and linguistic needs. (*HRET*)

The ability of an individual or organization to accommodate the needs presented by consumers and communities with diverse languages, modes of communication, customs, beliefs, and values. (*Cancer Action Network*)

Cultural competence leads to better communication, medication adherence, improved health status, and fewer emergency visits and hospitalization.

Cultural competence is the *integration and transformation of knowledge, behaviors, attitudes, and policies* that enable policy makers, professionals, caregivers, communities, consumers, and families to work effectively in cross-cultural situations.

*Cultural competence is a developmental process that evolves over an extended period of time.*
CULTURAL IDENTITY

Shaped by being part of several “cultural groups” that are important in one’s life, working together- the defining features of these groups make up a cultural identity. For example:

- Black professional woman
- Conservative religious Muslim
- Recent immigrant from Ecuador who speaks only Quechua
- Gay person living in the suburbs who works in advertising
CULTURAL IDENTITY

Inherent culture:
- Groups can be defined by nationality
- Language group
- Religious group
- Race/ethnic group

Experiential culture:
- Work affiliations, for example, doctor
- Common experiences, for example; peers, working women, gender identity
- Residential experiences, for example; rural folks
CULTURAL COMPETENCE INVOLVES MANAGING COMPLEX CHANGE
MANAGING COMPLEX CHANGE

Vision + Skills + Incentives + Resources + Action Plan = CHANGE

Skills + Incentives + Resources + Action Plan = Confusion

Vision + Incentives + Resources + Action Plan = Anxiety

Vision + Skills + Resources + Action Plan = Gradual Change

Vision + Skills + Incentives + Action Plan = Frustration

Vision + Skills + Incentives + Resources = False Starts

Adapted from: Knoster, T., 1991, Presentation at TASH Conference, Washington, D.C.; Adapted from Knoster, Enterprise Group, LTD and Capazzaio, 1993, © 1997 University Health System Consortium
CONSIDERING CULTURAL COMPETENCE WITHIN THE CONTEXT OF ORGANIZATIONAL CHANGE

- Adaptive Challenge
- Technical Challenge

**TECHNICAL PROBLEMS VS. ADAPTIVE CHALLENGES**

**Technical Problems**
1. Easy to identify
2. Often lend themselves to quick and easy (cut-and-dried) solutions
3. Often can be solved by an authority or expert
4. Require change in just one or a few places; often contained within organizational boundaries
5. People are generally receptive to technical solutions
6. “Solutions” can often be implemented quickly – even by edict

Examples:
- building a hospital
- fixing a broken computer
- brain surgery

**Adaptive Challenges**
1. Difficult to identify (easy to deny)
2. Require changes in values, beliefs, roles, relationships, & approaches to work
3. People with the problem do the work of solving it
4. Require changes in numerous places; usually cross organizational boundaries
5. People often resist even acknowledging adaptive challenges
6. “Solutions” require experiments and new discoveries; they can take a long time to implement and cannot be implemented by edict

Examples:
- eradicating poverty
- reforming public education
- Reforming health care
THE CULTURAL COMPETENCY CYCLE

Respectful Interaction and Communication

Acknowledgment Culture’s Profound Effect on Health and Health Outcomes

Awareness of Cultural Differences Among People

Knowledge and Understanding of Culture

Engagement and Integration of Cultural Knowledge and Sensitivity into Preventive Interventions

Revision and Refinement of Preventive Interventions

Culturally Competent Health Care Providers

Mentoring

Source: Center for Cross-Cultural Health, Continuing Education Committee. (modified)
CULTURAL COMPETENCE CONTINUUM

WHERE DO YOU THINK YOU ARE ON THE CONTINUUM?

Source: Georgetown University Child Development Center
CULTURAL COMPETENCE CONTINUUM

• Cultural competence may be viewed as a goal towards which one can strive
• Accordingly, becoming culturally competent is a developmental process
• No matter how proficient one becomes, there is always room for growth
• In becoming culturally competent it is useful to self-assess and to think of ways in which to respond to cultural differences
• Imagine a continuum that ranges from cultural destructiveness to cultural proficiency
• There are a variety of possibilities between these two extremes
HEALTH LITERACY:
The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Literacy gives us the skills to understand and communicate health information and concerns...

... When we apply these skills to a health context, such as reading a nutrition label or getting a flu shot, it is called HEALTH LITERACY.

Health literacy involves the cultural influences on both the professional and the consumer/patient.

A person can be literate and still have limited health literacy.

In fact, approximately 45% of high school graduates have limited health literacy.
• The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency (LEP), those who are not literate or have low literacy skills and individuals with disabilities.

• Policy, structures, practices, procedures and dedicated resources to support this capacity. Should be in place in all organizations.

Goode & Jones, revised, 2003
National Center for Cultural Competence
LINGUISTIC COMPETENCE

- Bilingual/bicultural staff
- Cultural brokers
- Multilingual telecommunication systems
- TTY
- Foreign language interpretation services
- Sign language interpretation services
- Print materials in easy to read and low literacy formats (e.g. picture and symbol formats)
- Materials in alternative formats (e.g. audio tapes, Braille, enlarged print)

Goode & Jones, revised, 2003
National Center for Cultural Competence
LINGUISTIC COMPETENCE

• Varied approaches to share information with individuals who experience cognitive disabilities

• Translation of:
  • Legally binding documents (e.g. consent forms, confidentiality and patient rights statements, release of information, applications)
  • Signage
  • Health education materials
  • Public awareness materials and campaign

Goode & Jones, revised, 2003  
National Center for Cultural Competence
CULTURAL COMPETENCE & HEALTH LITERACY

Health Literacy in a Cultural Context

• Recognizing that culture plays an important role in communication helps us better understand health literacy.
• For people from different cultural backgrounds, health literacy is affected by belief systems, communication styles, and understanding and response to health information.
• Even though culture is only one part of health literacy, it is a very important piece of the complicated topic of health literacy.
• The United States Department of Health and Human Services (HHS) recognizes that "culture affects how people communicate, understand and respond to health information."
The Activities of a...

HEALTH LITERATE ORGANIZATION

MEETS NEEDS OF ALL
Meets needs of populations with a range of health literacy skills while avoiding stigmatization. Paying close attention to the specific needs of vulnerable populations.

PREPARES WORKFORCE
Prepares the workforce to be health literate and monitors progress.

FOCUSED ON HIGH RISK
Addresses health literacy in high-risk situations, including care transitions and communications regarding medications.

EXPLAINS COVERAGE AND COSTS
Communicates clearly what health plans cover and what individuals will have to pay to receive services.

ENSURES EASY ACCESS
Provides easy access to health information and services and navigation/language assistance.

LEADERSHIP PROMOTES
Has leadership that makes health literacy integral to its mission, policies, structure, and operations.

PLANS, EVALUATES & IMPROVES
Integrates health literacy into planning, evaluation, measures, patient safety and quality improvement.

COMMUNICATES EFFECTIVELY
Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.

INCLUDES PATIENTS/CONSUMERS
Includes populations served in the design, implementation, and evaluation of health information and services and operations.

DESIGNS EASY TO USE MATERIALS
Designs and distributes print, audiovisual, and social media content that is easy to understand and act on.
Health disparities are caused by a complex interaction of multiple factors including individual, genetic and environmental risk factors. (Olden & White, 2005)

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their:

- Racial or ethnic group
- Religion
- Socioeconomic status
- Gender
- Age
- Mental health, cognitive, sensory, or physical disability
- Sexual orientation or gender identity
- Geographic location
- Other characteristics historically linked to discrimination or exclusion

(Healthy People 2020)

Health care disparity typically refers to differences between groups in health coverage, access to care, and quality of care.
VULNERABLE POPULATIONS:

Population as defined by socio-economic status, geography, gender, age, disability status, risk status related to sex and gender, and among other populations identified to be at-risk for health disparities. (Centers for Disease Control and Prevention)

Vulnerable populations include the:

- Economically disadvantaged
- Racial and ethnic minorities
- Uninsured
- Low-income children
- Elderly
- Homeless
- Individuals with chronic health conditions, including mental illness.

The degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of trauma/illness/disasters. (World Health Organization, 2002).
SOCIAL DETERMINANTS:

Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Resources that enhance quality of life can have a significant influence on health outcomes. Examples of these resources include:

- Safe and affordable housing
- Access to education
- Public safety
- Availability of healthy foods
- Local emergency/health services
- Environments free of life-threatening toxins

NATURAL ENVIRONMENTS...
the patterns of social engagement and sense of security and well-being are also affected by where people live.
“Factors that contribute to a person’s current state of health. These factors may be biological, socioeconomic, psychosocial, behavioral, or social in nature.”
The more we know about our children and families, and their cultural nuances, it puts us in a better position to design supports/services that will meet their needs, give them a great consumer experience, and achieve positive outcomes.
Our greatest strength as a human race is our ability to acknowledge our differences, our greatest weakness is our failure to embrace them.

~ Judith Henderson

Practice

Acknowledging dimensions of diversity, differences of opinion, or someone's feelings is a good first step; but is it sufficient? Is it enough?

Today I explore what it requires of me to not only acknowledge someone whose reality is outside the realm of my own experience, but to have the capacity to embrace them such that they feel seen, heard, accepted, met.
Summary

• Comprehensive overview of cultural competence
• Health disparities and cultural competence
• Social determinants of health
• Explored the definition and implications of cultural identity
• Cultural competence as a catalyst for change
• Becoming a culturally competent organization
References


This material is protected by U.S. and International copyright laws. Reproduction and distribution of this material in digital, electronic, written, or any other form without the expressed written permission of CCSI, Inc. or Coordinated Care Services, Inc. is prohibited.