

Cultural Competency Training



Background

- Why is Cultural Competence Essential?
 - Raise awareness around values and behaviors regarding healthcare of individuals from diverse cultures and religions
 - Utilize that awareness and knowledge to effectively and safely provide appropriate healthcare for everyone
 - Be cognizant of the expectations of healthcare delivery to the local community

Background

- Why do We Need Training?
 - CountyCare and its providers offer health administrative services for Government and Commercial Health Care Programs to diverse populations around the U.S.
 - Provide services to enrollees that appropriately reflect the local population's standards and expectation
 - To show respect to those whose cultural beliefs and behaviors are different than our own

Cultural Competence Definition

- **Cultural Competence** is an ongoing process by which individuals and systems respond respectfully and effectively to people of all: cultures, languages, races, sexes, ethnic backgrounds, religions, sexual orientations, abilities, and other diversity factors

Cultural Competence Guiding Principles

- Service Design
 - Cultural Competence is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families
 - Culturally competent providers design and deliver services that are tailored or matched to the unique needs of individuals, children, families, organization and communities served
 - Cultural competent provider organizations have a service delivery model that recognizes mental health as an integral and inseparable aspect of primary health care

Cultural Competence Guiding Principles

- Service Design-Based on Culturally and Linguistically Appropriate Services (CLAS)
 - Service delivery ensures that patients receive:
 - ‘Effective care’ that successfully restores the client to the desired health status and takes steps to protect future health by incorporating health promotion, disease prevention, and wellness interventions. In order for health services to be effective, the clinician must accurately diagnose the illness, discern the correct treatment for that individual, and negotiate the treatment plan successfully with the enrollee
 - ‘Understandable care’ that focuses on the need for patients to fully comprehend questions, instructions, and explanations from clinical, administrative, and other staff. To be understandable, the concepts must “make sense” in the cultural framework of the enrollee

Cultural Competence Guiding Principles

- Service Design- Based on Culturally and Linguistically Appropriate Services (CLAS)
 - Service delivery ensures that patients receive:
 - **‘Respectful care’** that includes taking into consideration the values, preferences, and expressed needs of the enrollee and to help create an environment whereby patients from diverse backgrounds feel comfortable discussing their specific needs with any staff member
 - Service delivery also ensures that care is provided in a manner compatible with patients’ cultural beliefs, practices and preferred language

Cultural Competence Guiding Principles

- Service Design-Based on Culturally and Linguistically Appropriate Services (CLAS)
 - Offers and provides language assistance services, including bilingual staff and interpreter services, to each enrollee with limited English proficiency at all points of contact, in a timely manner during all hours of operation
 - Provides to patients in their preferred language both verbal offers and written notices
 - Ensures the competence of language assistance provided to limited English proficient patients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the enrollee)

Cultural Competence Guiding Principles

- Service Design-Based on Culturally and Linguistically Appropriate Services (CLAS)
 - Makes available easily understood enrollee-related materials and post signage in the languages of the groups represented in the service area
 - Recruits, retains, and promotes at all levels a diverse staff representative of the demographic characteristics of the service area
 - Ensures that staff receive ongoing education in culturally appropriate service
 - Ensures that data on the individual enrollee's race, ethnicity, and spoken/written language are collected in health records

Cultural Competence Guiding Principles

- Community Engagement
 - Cultural competence extends the concept of self-determination to the community
 - Cultural competence involves working with culturally diverse communities (e.g. neighborhood, civic and advocacy associations; local/neighborhood groups; ethnic, social, and religious organizations; and spiritual leaders and healers)
 - Communities determine their own needs
 - Community members are full partners in decision making
 - Community engagement should result in the reciprocal transfer of knowledge and skills among all collaborators and partners

Cultural Competence Guiding Principles

- Family & Consumers
 - Family is defined differently by various cultures
 - Family as defined by each culture is usually the primary system of support and preferred intervention
 - Family/consumers are the ultimate decision makers for services and supports for their children and/or themselves

Cultural Competence Considerations

- Cultural competence involves understanding & respecting the patient's cultural values, beliefs & practices
- Consider:
 - Views about health & health care
 - Family & community relationships
 - Language & communication styles
 - Ties to another country or part of the US
 - Food preferences
 - Religion
 - Views about death
 - Other factors that may affect care needs

Cultural Competence Differences

- The American health care system has its own beliefs, values, & practices that may not be shared by patients from different ethnic and religious backgrounds.
- Examples
 - Appointments run by clock time & promptness is valued. In some cultures, promptness is not as important. Expectations around the amount of time spent with a health care provider differs among various cultures
 - Checkups, immunizations, & screenings are valued as preventive health measures. Other cultures do not place as much value on preventive measures and view health care as simply a method to treat an existing illness or injury

Cultural Competence Differences

- The American health care system has its own beliefs, values, & practices that may not be shared by patients from different ethnic and religious backgrounds
- Examples
 - Illness is generally seen as having a physical cause. Treatment emphasizes technology & physical procedures. Many cultures place equal value on religious beliefs and practices to cure illnesses or injury
 - Patients are expected to take medications exactly as prescribed. By being open-minded and respectful toward their beliefs, values, & practices, providers can help patients feel more comfortable and provide appropriate care

Cultural Competence Differences

- Some cultures keep traditions only on special occasions, or not at all
- Different cultures have different ideas about how to express & respond to pain
- Some cultures value bearing pain silently, while others expect expressiveness
- Different cultures have different views about when to seek professional medical help, treat oneself, or be treated by a family member or traditional healer

Linguistic Competence Definition

- The capacity of an organization and its personnel to:
 - Communicate effectively;
 - Convey information in a manner that is easily understood by diverse groups, including persons of:
 - Limited English Proficiency (LEP);
 - Those who have low literacy skills or are not literate;
 - Individuals with disabilities;
 - Those who are deaf or hard of hearing.
- Linguistic competency requires providers to respond effectively to the health and mental health literacy of the populations served.

Language: Views and Biases

- The degree to which a patient or staff member is fluent in English, or any other language spoken, will have a bearing on patient interactions;
- A prime factor affecting this communication is an individual's personal attitude toward people who speak limited English
- How do you feel when people speak with family members or co-workers in their native language while you are working with them
- If you are irritated in these situations, consider what it feels like for others

Language: Views and Biases

- Providers can help overcome the language barrier by paying attention to the sound of the accents they deal with most frequently, and by learning the most common substitutions people make
- Examples are the interchanging of “sh” and “ch” by native Spanish speakers and the use of P and F and S for “sh” sounds by Filipinos
- Even when someone has an extensive vocabulary in an acquired language, word order and the use of articles (the, a, an), pronouns, & prepositions may be confusing and difficult.

Language

- In some Slavic languages, for example, there are no articles; hence it may be difficult for a native speaker of a language from the group to use “the” and “an” properly
- They may say, for example, “I don’t want shot.”
- Another frequent confusion occurs when native speakers of Tagalog, which does not have separate masculine & feminine pronouns, use he for she and vice versa

A number of aspects of interacting & sharing information, besides language, are significantly influenced by culture, including:

- Directness
- Gestures & facial expressions
- Distance
- Touch
- Topics appropriate for the discussion

Directness: What Providers Should Consider

- Facial expressions, body language, & tone of voice play a much greater role in cultures where people prefer indirect communication & talking around the issue
- For Example
 - Rather than pointing out that part of a form has missing or incorrect information, indirect communicators might praise the sections that were correctly completed, implying that the incomplete section is a problem
 - In another variation, among Hispanics, directness in expressing negative feelings or information is discouraged

Directness: What Providers Should Consider

- This taboo may result in a patient's not following treatment procedures, withholding critical discussion
- Differences regarding directness can be particularly frustrating, especially when specific information & answers are needed
- "Do you understand?" & the response is a nod or a yes

Directness: What Providers Should Consider

- Individuals from Mexico & much of Asia find it nearly impossible to say no directly because it signals disrespect, can cause loss of face, & makes them feel inadequate
- A response such as “Maybe” or “That would be difficult” is probably a polite no

Gestures & Facial Expressions

- Another culturally-influenced aspect of communication is the demonstration of emotion, such as joy, affection, anger, or upset
- Most Koreans, for instance, are taught that laughter & frequent smiling make a person appear unintelligent, so they prefer to wear a serious expression
- While Americans widen their eyes to show anger, Chinese people narrow theirs
- Vietnamese, conversely, consider anger a personal thing, not to be demonstrated publicly

Gestures & Facial Expressions

- Use gestures with care, as they can have negative meanings in other cultures
- Thumbs-up and the OK sign are obscene gestures in parts of South America & the Mediterranean
- Pointing with the index finger and beckoning with the hand as a “come here” sign are seen as rude in some cultures much as snapping one’s fingers at someone would be viewed in the United States

Distance: What Providers Should Consider

- American culture generally expects people to stand about an arm's length apart when talking in a business situation. Any closer is reserved for more intimate contact or seen as aggression
- In the Middle East, however, it is normal for people to stand close enough to feel each other's breath on their faces;
- Hispanics typically favor closer proximity than to non-Hispanic whites
- Thus, moving away & keeping greater distance might be perceived by Hispanics as aloofness & coldness
- In much of Asia, where cities are crowded & space is at a premium, jostling & bumping in public places aren't seen as intrusive or inconsiderate, and do not require an "excuse me."

Touch: What Providers Need to Consider

- Cultures also have different rules about who can be touched & where
- A handshake is generally accepted as a standard greeting in business, yet the kind of handshake differs
- In North America, it is a hearty grasp; in Mexico it is often a softer hold, and in Asia a soft handshake with the second hand brought up under the first is a sign of friendship & warmth;
- Religious rules may also apply
- For devout Muslims & Orthodox Jews, touching between men & women in public is not permitted, so a handshake would not be appropriate

Touch: What Providers Need to Consider

- Touching the head, even tousling a child's hair as an affectionate gesture, would be considered offensive by many Asians
- If you need to touch someone for purposes of an examination, explain the purpose & procedure before you begin
- Another difference between cultures is apparent in the subjects that are considered appropriate for discussion
- Many Asian groups regard feelings as too private to be shared
- Latinos generally appreciate inquiries about family members, while Arabs & Asians regard feelings as too personal to discuss in business situations

Topics Appropriate for Discussion

- In social conversations, Filipinos, Arabs, & Vietnamese might find it completely acceptable to ask the price you have paid for something or how much you earn, while most Americans would consider that behavior rude
- Even a seemingly innocuous comment on the weather is off limits in the Muslim world, where natural phenomena are viewed as Allah's will, not to be judged by humans
- To many newcomers, Americans seem naively open

Topics Appropriate for Discussion

- Discussing personal matters outside the family is seen as embarrassing by many cultures, and opening up to someone outside of one's own cultural group is rare
- Thoughts, feelings, & problems are kept to oneself in most groups outside the dominant American culture
- This difference may have implications when medical problems are stress related exacerbated by personal or family problems
- Keeping all family matters private is a strong code of conduct

Topics Appropriate for Discussion

- For the health care professional who needs personal information, particularly in sensitive areas involving intimate behavior & bodily functions, to complete forms and do work-ups, it is less intrusive to spend time building trust & getting to know the individual
- Furthermore, if you know that privacy is a value and that getting ocumentation may be uncomfortable, you can conduct the discussion in a soft unobtrusive tone
- All of these techniques may help the patient get beyond the very difficult obstacle of talking to a stranger about personal matters

Topics Appropriate for Discussion

- An aspect related to self disclosure is loss of face, it is important in some manner in all cultures
- In Asia, the Middle East, and to some extent Latin America, one's dignity must be preserved at all costs
- In fact, death is preferred to loss of face in traditional Japanese culture, hence the suicide ritual, hara-kiri, as a final way to restore honor
- Any embarrassment can lead to loss of face, even in the dominant American culture

Topics Appropriate for Discussion

- To be criticized in front of others, publicly snubbed, or fired would be humiliating in most any culture
- However, behaviors that we see as harmless can be demeaning to others
- Inadvertent slights or unconscious faux pas can cause serious repercussions in intercultural relationships

Suggestions for Healthcare Professionals Regarding Cross-Cultural Communication

- Pay attention to body language, facial expressions and other behavioral cues; much information may be found in what is not said
- Avoid yes/no questions; ask open ended questions or ones that give multiple choices; remember that a nod or yes may mean: “Yes, I heard” rather than “Yes, I understand” or “Yes, I agree.” more familiar

Suggestions for Healthcare Professionals Regarding Cross-Cultural Communication

- Consider that smiles and laughter may indicate discomfort or embarrassment; investigate to identify what is causing the difficulty or confusion
- Make formal introductions using titles (Mr., Mrs., Ms., Dr.) and surnames; let the individual take the lead in getting more familiar

Suggestions for Healthcare Professionals Regarding Cross-Cultural Communication

- Greet patients with “Good Morning” or “Good Afternoon” and when possible, in their language.
- If there is a language barrier, assume confusion; watch for tangible signs of understanding, such as taking out a driver’s license or social security card to get a required number
- Take your cue from the other person regarding formality, distance, and touch

Suggestions for Healthcare Professionals Regarding Cross-Cultural Communication

- Question your assumptions about the other person's behavior; expressions and gestures may not mean what you think; consider what a particular behavior may mean from the other person's point of view
- Explain the reasons for all information you request or directions you give; also acknowledge any cultural differences that may present challenges or difficulties

Suggestions for Healthcare Professionals Regarding Cross-Cultural Communication

- Use a soft, gentle tone and maintain an even temperament
- Spend time cultivating relationships by getting to know patients and coworkers and by establishing comfort before jumping into the task at hand.
- Be open to including patients' family members in discussions and meetings with patients

Suggestions for Healthcare Professionals Regarding Cross-Cultural Communication

- Consider the best way to show respect, perhaps by addressing the "head" of the family or group first.
- Use pictures and diagrams where appropriate
- Pay attention to subtle cues that may tell you an individual's dignity has been wounded
- Recognize that differences in time consciousness may be cultural and not a sign of laziness or resistance

Cultural Competence Take Aways

To respond effectively and appropriately to different cultural/generational contexts in the provider setting

- Seek first to understand others' point of views, then to be understood;
- Don't judge others by your own cultural standards;
- Don't assume your culture's way is the only way;
- Don't talk down to anyone-communicate effectively;
- Acknowledge & accept differences;
- Don't stereotype;
- Respect others' opinions;
- Be open to learning about other cultures and ideas;
- Give others the benefit of the doubt in dispute.