

Cultural Competence in Effective Care:

One Size Does Not Fit All...

Elleen M. Yancey, PhD, Director
Morehouse School of Medicine
Prevention Research Center

Morehouse School of Medicine Prevention Research Center





An opportunity for increased knowledge...

- “Cultural competency is not a euphemism for translated materials or someone who can speak a second language. It is, however, the delivery of services that are rooted in an understanding of and respect for the client’s needs, cultural values, and environment.”

Nelva Chaves. (February 1999). Cultural Issues in substance Abuse Treatment. CSAT/SAMHSA. P.63. DHHS.



An opportunity for increased effectiveness...

- “Clinicians, and other members of the provider community have an ethical responsibility to make every reasonable effort to provide, ‘culturally congruent’ care to all who enter their system of care.”

New England ATTC. www.attc-ne.org/cultural/index.html



Today's Goal....

- Cultural competence in effective care is a continually evolving journey. This presentation will provide an overview of the influencing factors that impact cultural responsiveness in treatment.

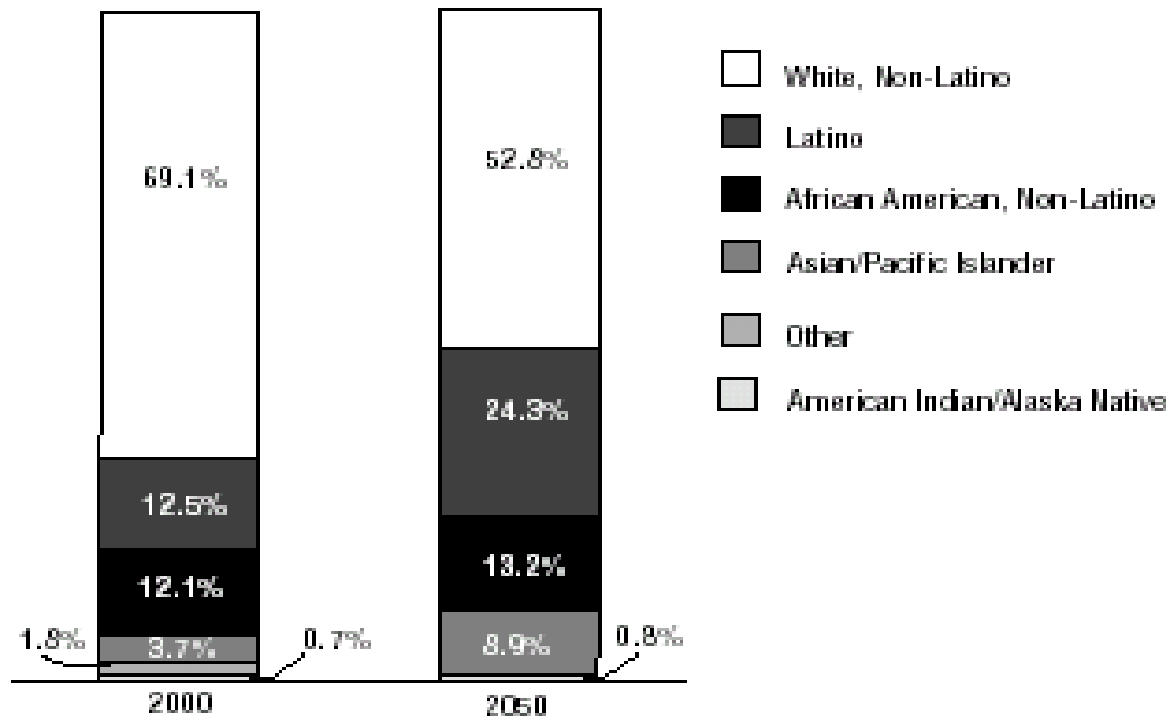


Today's Objectives....

- To generate exposure to issues of cultural competency, cultural diversity and related areas
- To present overview of affects of cultural competence on research and healthcare
- To encourage personal reflection upon feelings that discussion of cultural competence engenders
- To stimulate thinking, initiate learning process & increase awareness of far-reaching impact of cultural issues (professionally & personally)

Why Cultural Competence?

Figure 2
Percent Distribution of U.S. Population,
by Race/Ethnicity, 2000 and 2050



Source: US Census Bureau, 2000

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Drug-induced Mortality

- 2004-2005, age-adjusted death rate among major ethnic-race-sex groups:
 - increased 8.6% white males, 7.4% white females, 10.5% black males, 9.1% black females;
 - Increased 12.4% Hispanic males, 2.9% (not significant) Hispanic females.

National Vital Statistics Reports. (April 24, 2008). Deaths: final Data for 2005 CDC. (56) 10.



Alcohol-induced Mortality

- 2004-2005, age-adjusted death rate among major ethnic-race-sex groups:
 - Decreased significantly for black males (7.3%);
 - Increased significantly for Hispanic males (7.3%)

National Vital Statistics Reports. (April 24, 2008). Deaths: final Data for 2005 CDC. (56) 10.



Why Cultural Competence?

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

Jimmy Carter



Why Cultural Competence?

- “Health promotion [and treatment] strategies and interventions that infuse elements and techniques of cultural competence can potentially accelerate the **reduction** of well-known health disparities among racial and ethnic groups of Americans.”

Boone, L.R., Mayberry, R, Betnacourt, J.R., Coggins, P.C., Yancey, E.M. Cultural Competence in the prevention of sexually transmitted diseases. American Journal of Health Studies. (21) 4, 2006.



What is Cultural Competence?

- Cross, 1989 “...a set of congruent behaviors attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations”.
- Campinha-Bacote, 1999. “...an ongoing process of seeking cultural awareness, cultural knowledge, cultural skills, and cultural encounters”



What is Cultural Competence?

- Coggins & Yancey, 2000. "... habit of exhibiting the appropriate behaviors with respect to the diverse cultural, ethnic, and racial client population."
- Bureau of Primary Health Care (USDHHS), 2001.. "...a set of attitudes, skills, behaviors, and policies that enable organizations and staff to work effectively in cross-cultural situations."
- Betancourt, 2002. "...the ability of systems to provide care to clients with diverse values, beliefs, and behaviors, including tailoring delivery to meet clients' social, cultural and linguistic needs."

What is Cultural Competence?

- Implies having the **CAPACITY** to function effectively among diverse populations.





Paradigm Shift in Treatment & Prevention Efforts

(Coggins & Yancey, 2000)

Old/Past

- Expect same client behavior
- Expect shared understanding and interpretation of client behavior
- Treat everyone the same

New/Present/Future

- Expect client behavior to be different based on race, ethnicity, and culture
- Expect difference in cross-cultural meanings & communication processes including styles
- Focus on divergent cultural approaches to the diversity with clients/individuals



Basics of Cultural Competence

- Acceptance and respect for difference
- Continuing self-assessment regarding culture
- Careful attention to dynamics of difference
- Continuous expansion of cultural knowledge and resources

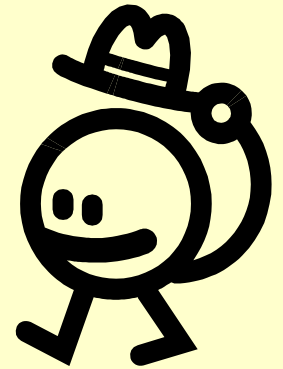


CRASH-Course Concepts

- C*ulture*
- R*espect*
- A*ssess / Affirm*
- S*ensitivity / Self-awareness*
- H*umility*

CRASH: Course in Cultural Competence. Rust, G, et. al. Morehouse School of Medicine, National Center for Primary Care.

CRASH: Respect



- Understanding that demonstrations of respect are more important than gestures of affection or shallow intimacy, and finding ways to learn how to demonstrate respect in various cultural contexts.

CRASH: Assess

- Health Beliefs
- Health Knowledge
- Health Literacy
- Health-Seeking Behaviors
- Health-Relevant Relationships





Kleinman's 9 Questions to Assess Health Beliefs

[Adapted]

1. How would you describe your problem? (Does it have a name?)
2. What do you think caused your problem?
3. Why do you think it started when it did?
4. What does your problem do to you? (How does it work? How much of a problem is it?)
5. Will it have a short or long course?
6. What do you fear most about your problem?
7. What difficulties has your problem has caused for you?
8. What kind of help do you want to receive?
9. What are the most important results you hope to receive from the help?

Adapted from Kleinman A. clients and Healers in the Context of Culture. The Regents of the University of California. 1981.



Assess Health/Mental Health Knowledge

- Hyper-tension = Too much stress
- “I can’t have a drinking problem; I go to work everyday.”
- “The publications I downloaded from *SAMHSA/CSAT and CSAP* provide information about....”



Assess: Health Literacy

- *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.’*

-- Healthy People 2010



Assess: Treatment-Relevant Relationships

- Who is important in this client's life?
- What roles do they play in helping this client make health decisions?
- How would this client like you to involve these important people?

CRASH: Affirm



- Recognizing positive values in other cultures, recognizing each individual as the world's expert on his or her own experience, being ready to listen and to affirm that experience.

CRASH Sensitivity:



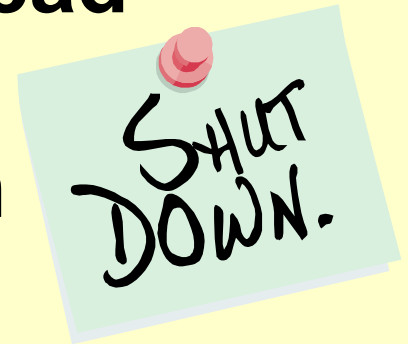
- Developing an awareness of specific issues within each culture that might cause offense, or lead to a breakdown in trust and communication between client and professional.



CRASH: Self-Awareness:



- **Becoming aware of our own cultural norms, values, and “hot-button” issues that lead us to mis-judge or to “miss-communicate” with others.**

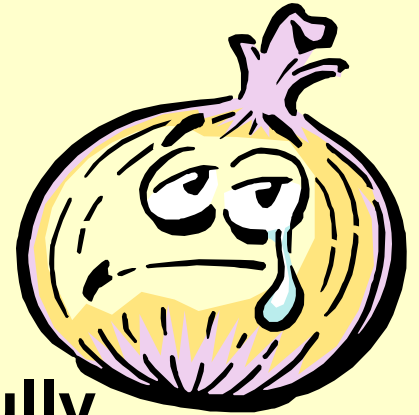




Self-awareness

- When people won't make eye contact with me, _____.
- When clients show up late for their appointments, _____.
- When people touch me a lot or get in my personal space, _____.
- When dealing with conflict, people should _____.

CRASH Humility:



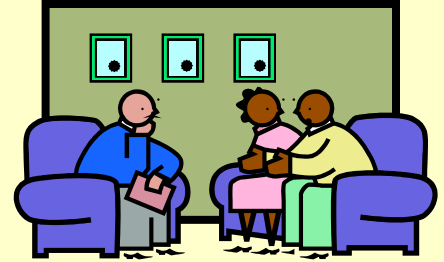
- Recognizing that none of us ever fully attains “cultural competence”
- Making a commitment to life-long learning
- Peeling back “layers of the onion” of our own perceptions and biases
- Being quick to apologize and accept responsibility for cultural mis-steps
- Embracing the adventure of learning from others’ first-hand accounts of their own experience.

Culturally Competent System of Care Acknowledges Importance of...

- Culture
- Assessment of cross-cultural interactions
- Expansion of cultural knowledge
- Adaptation to meet culturally unique needs



Culturally Competent Clinician



- Begins with commitment to provide culturally competent clinical care
- Must include
 - Awareness/acceptance of cultural differences
 - Awareness of own cultural values
 - Understanding of dynamics of difference
 - Basic knowledge of clients' environment(s)



Five Elements of Culturally Competent Clinicians

1. Acknowledge cultural differences and become aware of own affect upon clinical treatment.
2. Recognize influence of own culture.
3. Understand dynamics of difference.
4. Understand meaning of information provided from both clinician AND clients' cultural context.
5. Know where and how to obtain necessary information regarding culture of populations involved in clinical service.



7 Domains of Cultural Competence in Clinical Settings

1. Values and attitudes
2. Communication styles
3. Community/consumer participation
4. Physical environment, materials, resources
5. Policies and procedures
6. Population-based clinical practice
7. Training and profession development



1. Values and Attitudes

- Promoting mutual respect
- Awareness of degrees of acculturation
- Client-centered approach
- Acceptance that beliefs may influence a client's response to treatment

2. Communication Styles

- Sensitivity
- Awareness
- Knowledge
- Alternatives to written communication





3. Community/Consumer Participation

- Active involvement of community leaders
- Involved participants are invested participants, treatment outcomes improve
- Effective treatment is a team effort

4. Physical Environment, Materials, Resources



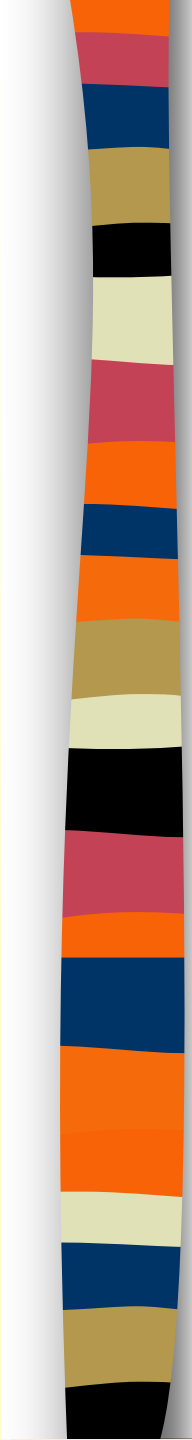
- Culturally and linguistically friendly interior design, magazines, etc.
- Literacy sensitive print information
- Congruent with culture and language

5. Policies and Procedures

- Incorporate linguistic and cultural policies
- Culturally sensitive clinical protocols

- Multicultural, multilingual staff reflecting client population





6. Population-based Clinical Practice

- Culturally skilled clinicians
- Avoid stereotyping
- Know own world view

7. Training and Professional Development

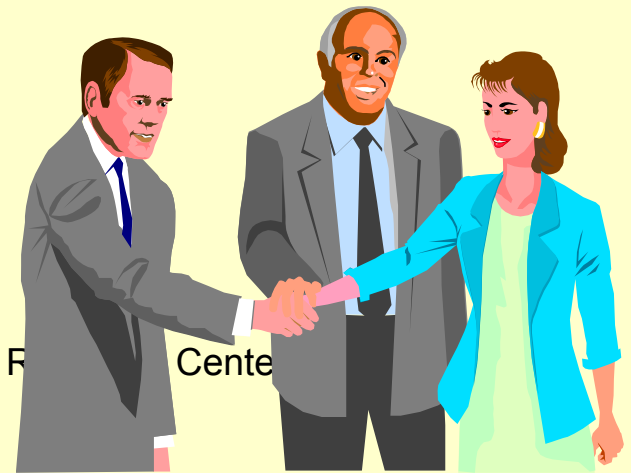
- Cultural competence training required
- Duration and frequency appropriate to assessed need
- Opportunities for professional development



Movement Toward Cultural Competence



- **Attitudes must change** to become less ethnocentric and biased.
- **Policies must change** to become more flexible and culturally impartial
- **Practices must become** more congruent with cultures



Morehouse School of Medicine Prevention Research Center

Department of Community Health and Preventive Medicine

Elleen M. Yancey, PhD, Director

Email: eyancey@msm.edu

PRC Website: www.msm.edu/prc

720 Westview Drive, SW

Atlanta, Georgia 30310

(404)752-1022

(404) 765-9771 Fax

www.msm.edu/prc



Morehouse School of Medicine Prevention Research Center