



Cultural Competency

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GOAL: MEMBERS WILL KNOW...

you
MATTER

LEARNING POINTS:

1. Define culture, stereotype, prejudice, and other terms.
2. Understand how values, beliefs and attitudes influence the way people relate to others who are different from them
3. Identify perceived barriers
4. Identify national standards for cultural diversity
5. Increase your knowledge of steps to becoming competent.

CULTURAL GLASSES



We **see** the world through the “**glasses**” created by our own culture. This constitutes a limit to understanding other points of view and generates misunderstandings.

What if we could see past cultural differences and understand each other better by simply putting on these special

“Cultural Glasses”?. . .

It could:

- * Let our Members know that they matter enough to know about their culture
- * Reduces health disparities

WHAT IS CULTURE?

- Culture is your:
 - *history
 - *traditions
 - *values
 - *behaviors
- ...made up from your:
 - *attitudes
 - *environment
 - *goals
 - *practices

PEOPLE ARE MULTIDIMENSIONAL, WITH MANY CULTURAL ATTRIBUTES:



AGE

SEXUAL ORIENTATION

OCCUPATION

ETHNIC GROUPS

SOCIO-ECONOMIC STATUS

RELIGION

MINORITY GROUPS

DISABILITY

NOT EVERYTHING MEETS THE EYE

- Culture affects everyone, regardless of awareness
- All aspects of your culture can influence your own health and your communities health
- There are many cultural attributes that we cannot see



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SEEING OTHERS CLEARLY

- Once you see, understand, and appreciate other people's cultural backgrounds, then you can also connect with them more.

Prejudice is an unfavorable attitude or belief about a particular individual or group

PREJUDICE AND DISCRIMINATION

Discrimination refers to behaviors or actions that are unfavorable toward an individual or group, depriving them of certain basic rights and opportunities

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.

STEREOTYPES

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 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

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.

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.

CULTURAL PATTERN VS STEREOTYPES

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.



PERCEIVED BARRIERS

Can influence or reduce cultural understanding and acceptance



LISTEN TO SOME STATEMENTS:

- “As I get older, I feel overlooked by young people.”
- “People make annoying assumptions about me based on my race and background”
- “My parents were born in Mexico and I learned English when I was 5. Although I was born in Arizona, when I am out with my parents, sometimes people assume we’re illegal immigrants.”
- “My parents wanted me to become a doctor and get married. I’m gay. They just don’t get or accept my choices in life.”
- What other statements may people report?

COMPONENTS OF DIVERSITY

- Generational/age – Each generation has a unique attitude toward life.
- Occupational – Different occupations have their own values, behaviors, and attitudes. Some are viewed with respect, some with disrespect.
- Ethnic group - Behavioral norms and forms of personal identity are associated with ethnic groups. They can share a common culture, language, religion, ancestry, physical appearance, or some combination of characteristics.
- Socio-economic status – A group of people who share the same social, economic or educational status.

CONTINUED COMPONENTS

- Minority group – Made up of individuals who have been excluded in some way and have significantly less control or power than that held by the members of the majority or dominant group.
- Religion – A person's or group's religious beliefs guide their values, attitudes, and everyday behavior. A person's religious beliefs can also affect how others view them. Historically, this has been one way that a group distinguishes itself from another group.
- Disability – Any physical or mental characteristic that is perceived as putting the person at a disadvantage or affects a person's ability to engage fully in work, play, relationships, or other day to day activities.
- Sexual Orientation – A person's natural sexual preference toward members of the same, opposite, or both sexes.

SEXUAL ORIENTATION DEFINITIONS

- Lesbian, Gay, Bisexual, or Transgender (LGBT). LGBTQI signifies an individual who is questioning their gender or sexual identity and for intersex individuals (those born with a sexual anatomy that doesn't fit the typical characteristics of female or male).
- Transgender refers to individuals whose gender identity and expression (dress, grooming, speech, or physical presentation) differs from traditional standards associated with their biological gender.
- **Sex stereotypes:** refers to stereotypical notions of masculinity or femininity, including expectations of how individuals represent or communicate their gender to others, such as behavior, clothing, hairstyles, activities, voice, mannerisms, or body characteristics.

DEFINITIONS, CONTINUED

- **Gender identity:** an individual's internal sense of gender, which may be male, female, neither, or a combination of male and female, and which may be different from what is on the birth certificate. A transgender individual is an individual whose gender identity is different from the sex assigned to that person at birth.
- **Gender expression:** The way an individual expresses gender identity. This may or may not conform to social stereotypes associated with a particular gender. Gender may be expressed through, for example, dress, grooming, mannerisms, speech patterns, and social interactions.

LGBT RESOURCES

- Refer to the American Psychological Association publication:
- <http://www.apa.org/topics/lgbt/transgender.aspx>

ELIMINATE BARRIERS TO CROSS CULTURAL COMMUNICATION

- Assumed similarity
- Non verbal communication
- Verbal language
- Tendency to evaluate
- Preconceptions and stereotypes

COMMUNICATION TIPS – TO DO

- **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 TIPS – DO NOT

- **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**

INTERPRETER SERVICES

This benefit is available to all First Health Colorado members! Please call us to find out more information!

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.

TIPS, CONTINUED

- **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

HOW CULTURE IMPACTS OUR INTERACTION WITH OUR MEMBERS



KNOWLEDGE MATTERS

- A Fijian man becomes agitated when his doctor holds onto his shoulder in an attempt to express support. Why?



AWARENESS MATTERS...

A Thai client speaks to an intake worker who makes a few notes in red ink. The client becomes alarmed in this situation. What do you do?



UNDERSTANDING MATTERS

- In an effort to be friendly, a counselor greets a Jamaican American grandmother by her first name. The woman does not respond warmly.



Respecting diversity opens us up to learning. Learning about peoples' beliefs, attitudes, and values helps us build our cultural competency

IT'S A JOURNEY

Not just a goal. Respecting, accepting, learning, and being aware of our own cultures and values are some of the steps towards competency.

Respecting diversity is essential for cultural competency.

START, STOP, CONTINUE

- What is 1 thing you can start doing?
- What is 1 thing you can stop doing?
- What is 1 thing that you need to continue to do to work with diverse colleagues and provide services to diverse clients?

RELATED NATIONAL STANDARDS

- Culturally and Linguistically Appropriate Services (CLAS)
- There are 14 national CLAS standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.
- Resource: **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care: A Blueprint for Advancing and Sustaining the CLAS Policy and Practice, April, 2013)**

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.
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).

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.
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.

NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH CARE: A BLUEPRINT FOR ADVANCING AND SUSTAINING THE CLAS POLICY AND PRACTICE, APRIL, 2013)

There are 14 national CLAS standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

1. Provide effective, equitable, understandable, and respectful quality care and services.
2. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
3. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
4. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services