

# **Cultural Competency to Reduce Health Disparities: Techniques and Strategies in Clinical Settings**

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# Objectives

- Develop working definitions of Culture and Cultural Competency;
- Engage in interactive exercises to help identify barriers when working with culturally diverse populations;
- Explore the role of internalized oppression (subordination and domination); and
- Identify strategies, techniques, and resources to improve outcomes.

# **Introductions:**

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- **Name**
- **Cultural Trait**
- **Expectation(s)**

# Ground Rules:

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- **Confidentiality**
- **Respect**
- **No Cross Talk**
- **Cell Phones Beepers**
- **Breaks**
- **Pass Rule**
- **Fun/Humor**
- **Agree to Disagree**
- **Share Time**



**Define Culture**

# **Culture Is.....**

- **The integrated pattern of human knowledge, beliefs, and behaviors that depends upon a person's capacity for learning and transmitting knowledge to succeeding generations;**
- **The customary beliefs, social forms, and material traits of a racial, religious, or social group; and**
- **The set of shared attitudes, values, goals, and practices that characterizes a group.**



# **What is Cultural Competence?**

# Cultural Competence is.....

**“A set of behaviors, attitudes and policies that come together in a system, agency, or program or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among, and between groups.”**

National Center for Cultural Competence:  
<http://nccc.georgetown.edu/>

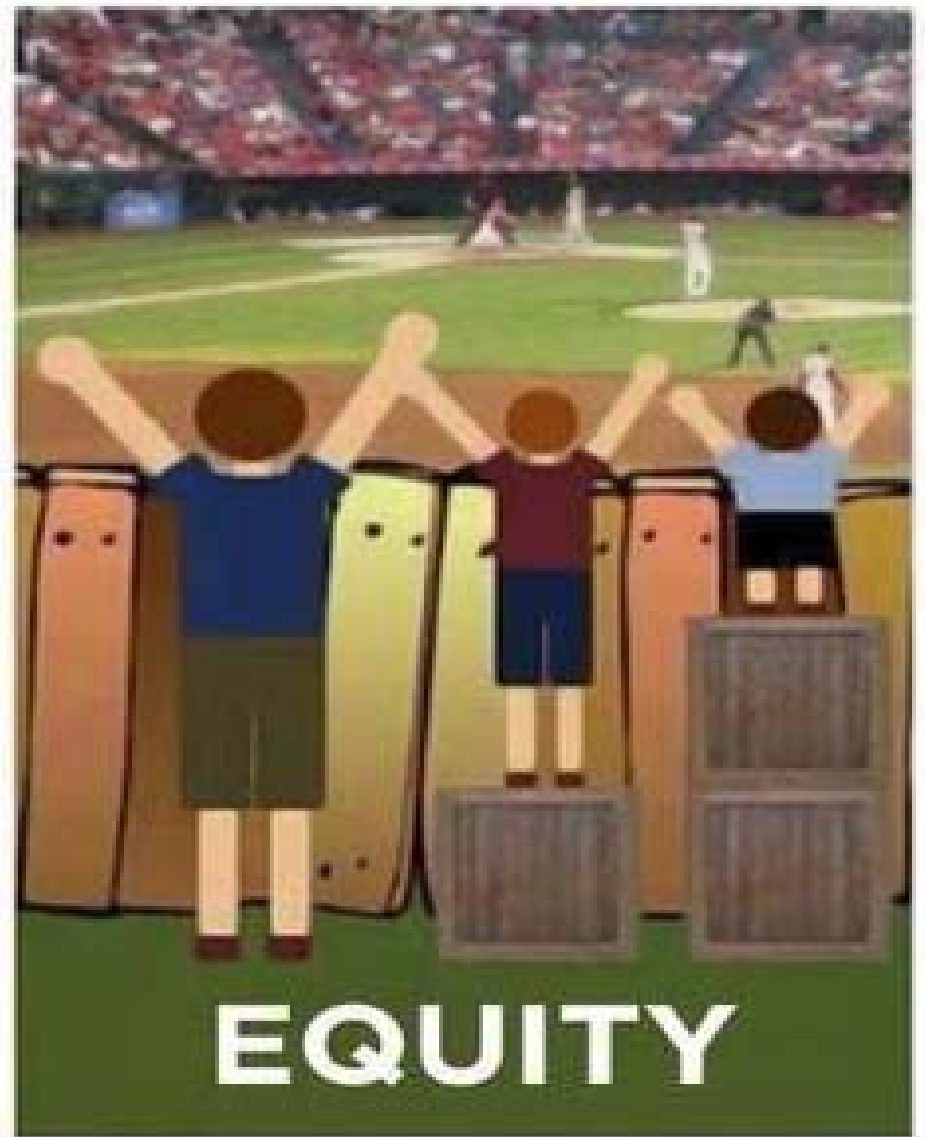
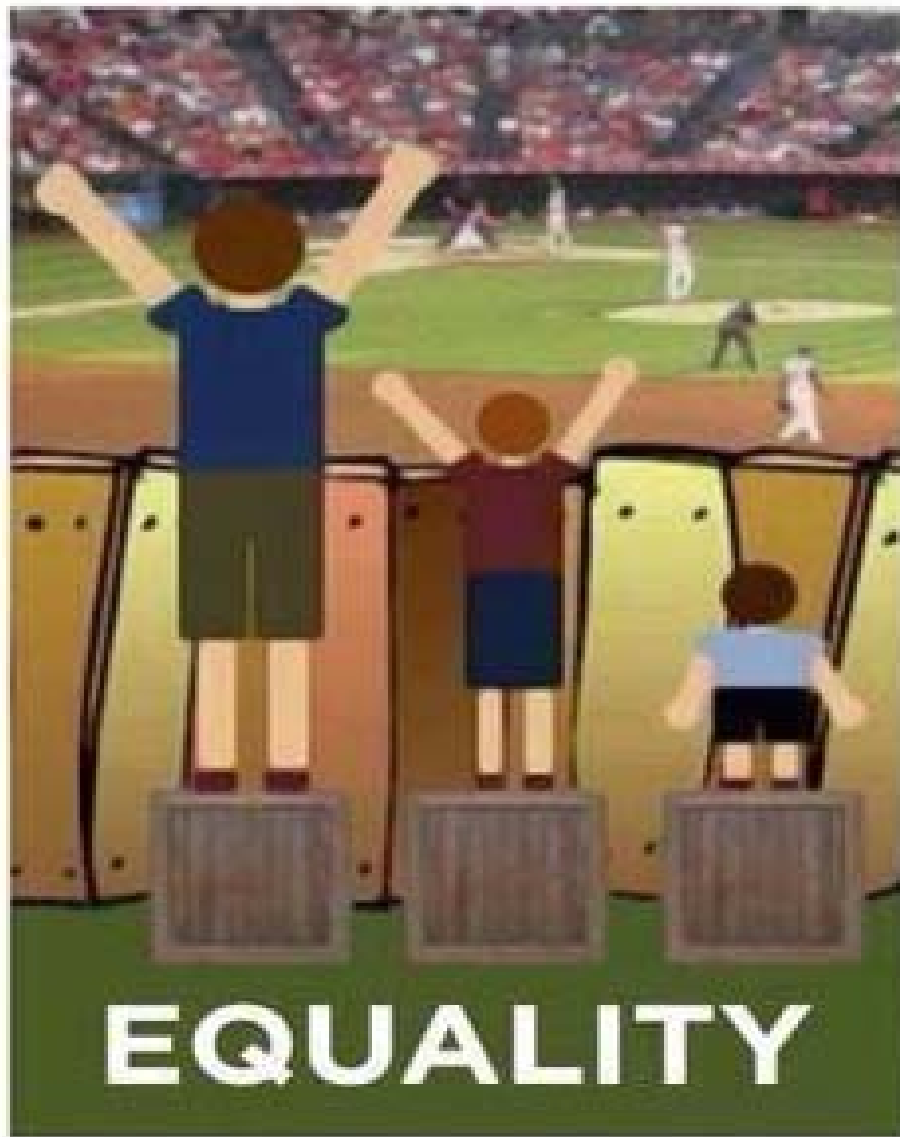


# Defining Health Disparities

- A health outcome that is seen to greater or lesser extent between populations
- Particularly linked with social, economic, and/or environmental disadvantage

U.S. Department of Health and Human Services, Healthy People 2020 (n.d.). *Disparities*. Retrieved from <http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

# Health Equity



# National CLAS Standards

- *The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.*

# **How We Claim We Treat People....**

- Non-biased
- Non-Judgmental
- As they come
- As we want to be treated and
- The Same

# Stages of Change.....

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Behavior change occurs in Five Stages:

- Pre-Contemplation
- Contemplation
- Preparation
- Action
- Maintenance

# **Five Essential Elements of Cultural Competence.....**

- 1. Valuing diversity**
- 2. Awareness of the “dynamic of difference”**
- 3. Ability to institutionalize cultural knowledge**
- 4. Adaptation to diversity**
- 5. Cultural self-assessments**

# **Spectrum of Attitudes....**

- **People Viewed as Objects**
- **People Viewed as Recipients**
- **People Viewed as Resources**

# **Cultural Competency Continuum....**

- **Destructiveness**
- **Incapacity**
- **Blindness**
- **Pre-competence**
- **Competence**
- **Proficiency**



# Cultural Destructiveness

- This represents the most negative end of the continuum. Example: Culturally destructive people and/or agencies are those that support attitudes, policies and practice that are destructive to a particular culture.

# Cultural Incapacity

- In this instance, the agency or individual does not intend to be destructive to a culture; rather, it simply lacks the ability to be responsive. In this instance, there is a basic assumption of superiority of the dominant culture.

# Cultural Blindness

- An agency or individual that falls at this point along the continuum is one that purports to be totally unbiased. Its philosophy is the well-intended view that all people are the same. “We are all equal.” This view does not allow for modification strategies to meet the needs of clients, but rather feels that those strategies that apply to most should apply to all.

# Cultural Pre-Competence

- The pre-competent individual or agency recognizes its inability to provide appropriate services to clients of a different culture as it is currently structured and attempts to improve some aspects of its service delivery in order to do so.

# Cultural Competence

- These agencies and individuals are characterized by respect for difference among cultural groups, continuous self-assessment, expansion of cultural knowledge and attention to the dynamics of difference.

# Cultural Proficiency

- All of the concepts of cultural competence are incorporated into an agency's policy, practice and attitude. This agency or individual has the ability to add to the body on knowledge and to teach those concepts to others.



# **Barriers and Strategies.....**

# **Why Should We Consider Doing Things Differently?**

Folks who are working with culturally diverse communities must be sensitive as to how culture impacts their thoughts, feelings and actions. Some characteristics may include, but are not limited to, values, beliefs, sense of space, sense of time, male and female relationships, gender roles, rites of passage, ways of seeking help, influence of religion, and communication.



# **Techniques That Work:**

- 1. Clarify with the person what work is about and educate them on late appointments, payments, and cancellations. Be patient. Some are quick to learn, but others may require extra time and patience;**
- 2. Make sure that the person understands your role and position;**

## **Techniques That Work (cont.):**

- 3. Try to be flexible. Allow yourself some extra time when you see people. Be prepared to do more outreach than you would do with others;**
- 4. Self-evaluate at all times. Are you reacting to what the person says or to what is different from your cultural norms?;**
- 5. Be open and warm, respond to personal questions and move on;**

## **Techniques That Work (cont.):**

- 6. Don't be threatened or out of control if the person brings different family members to each session without consulting you. It is uncomfortable for workers not to know who folks are. For some people, bringing additional family members is a sign of support and caring. Try to include the spouse and other family members. If confidentiality is an issue, mention it to the person, and let them decide whom she or he wants to include in the sessions;**

## **Techniques That Work (cont.):**

- 7. Have a listing of agencies and resources in your area. Learn about the services they provide in case you need to refer folks to them for additional help and support;**
- 8. Workers should consider the client's historical, political, and socioeconomic background in the US and country of origin;**

## **Techniques That Work (cont.):**

- 9. Complete the Cultural Competency Individual Self Assessment;**
- 10. Complete the Cultural Competency Organization Self Assessment;**
- 11. Utilize the Practical Guide for Implementing the Recommended National Standards for Culturally and Linguistically Appropriate Services in Healthcare;**

## **Techniques That Work (cont.):**

- 12. Review, revise, or develop agency/program policies that address issues of Cultural Competency; and**
- 13. Participate in, or recommend the development of a committee that will address Cultural Competency at your organization.**

# **Key Questions for Organizations and Programs.....**

- **What is our working relationship with the community?**
- **How do we gain community buy-in, support, approval?**
- **How do we make sure that we are collecting cultural competence-related data?**
- **How do we make sure that the data are culturally appropriate and responsive?**
- **Are your priority populations represented at the agency/program levels?**

# **Key Questions for Organizations and Programs..(cont.)**

- **What policies are in place or need to be developed to improve cultural competence?**
- **How do we ensure tools and technology are culturally competent?**
- **Are there cultural considerations that need to be considered in the adaptation and tailoring of evidence-based approaches?**



# Resources

- <https://www.thinkculturalhealth.hhs.gov/content/clas.asp>
- [http://www.samhsa.gov/recoverytopractice/RTP-Contribution-Detail-For  
A\\_Practical\\_Guide\\_for\\_Implementing\\_the\\_Recommended\\_National\\_Standards\\_for\\_Culturally\\_and\\_Linguistica-374.aspx](http://www.samhsa.gov/recoverytopractice/RTP-Contribution-Detail-For-A_Practical_Guide_for_Implementing_the_Recommended_National_Standards_for_Culturally_and_Linguistica-374.aspx)
- National Center for Cultural Competence:  
<http://nccc.georgetown.edu/>
- Individual and Organizational Self Assessments:  
<http://nccc.georgetown.edu/resources/assessments.html>
- Additional Readings:  
<http://nccc.georgetown.edu/resources/publicationstitle.html>



**Thank You!**  
**¡Muchas Gracias!**