

Cultural Competency

Border Health Foundation

Capacity Building Assistance for Latino Populations
FOCUS AREA TWO (SOUTH REGION) PROEJCT





AGENDA

- Learning Objectives
- Cultural Competency
 - Terminology
 - Levels of competency
- Ethno Medicine/Folk Medicine
- Community Assessments
- Cultural Competency Models

Learning Objectives



- Define the role of dynamic interaction in HIV/AIDS prevention services.
- Define what it means to understand culture and how to use this in HIV prevention.
- Demonstrate how culture filters ideas on mode of HIV transmission and how this affects cultural expression.
- Define common structural and environmental factors that influence HIV prevention and the impact on HIV services.
- Illustrate models of cultural responsiveness and show how from theory to practice leads to appropriate care.
- Acknowledge how theory based practice as well as practice based theory connect to the advancement of knowledge for purpose of model improvement.

Terminology



CLAS

Culture

Cultural Competency

Cultural Responsiveness

Language

Cultural Humility

Cultural Sensitivity

Surface and Deep Culture

CLAS



(CULTURALLY AND LINGUISTICALLY APPROPRIATE STANDARDS)

The Office of Minority Health (OMH 2001) set encompassing standards for Culturally and Linguistically Appropriate Services, called CLAS.

These Acknowledge the need for effective strategies that:

- Ensure that all people receive equitable and effective treatment in a culturally and Linguistically appropriate manner.
- Make services responsive to the individuals needs.
- Address the needs of populations that experience unequal access to health care services.
- Contribute to the elimination of cultural disparities in health care services.

Culture



The Sum of all lived experiences:
What we know
Who we are
How we do things

An extra somatic (outside of our human body) means of adaptation.

Culture can be based on:



- Shared Characteristics (drug use)
- Stage in Life (e.g. youth cultures)
- Sexual Orientation
- Gender
- Nationality
- Geographical/regional residency
- Social Class/socioeconomic status
- Relationship Status
- Religious Beliefs
- HIV/AIDS Status



Culture

Customs

Ways of thinking

It influences

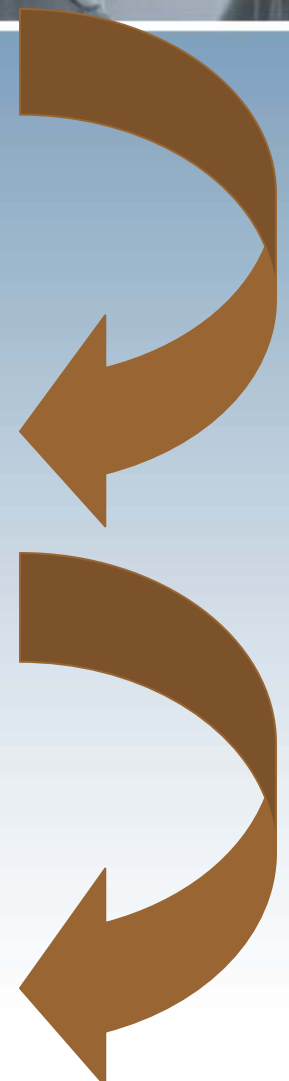
Patterns of Communication

Behavior

It is the foundation of

Beliefs

Value systems



Health Services are Cultural Constructs



- Clients come to health care services with their own culturally-based beliefs about disease and the body
- Physicians/clinics/hospitals/CBOs are part of a cultural group that has its own beliefs, practices, customs and rituals.

Influences of Culture in Health Care Services



- The definition of health and illness.
- Information is circulated/ viewed by providers and clients.
- How rights and protections are exercised.
- How symptoms are expressed and who provides treatment and diagnosis.
- Who decides what treatment will be given.



Gaps in health care can put consumers of these services at risk for

- Poor quality care
- Dissatisfaction with their care
- Negative health consequences

Problems in verbal and non-verbal communication may also lead to

- Poor comprehension
- Low adherence to recommendations and/or treatment
- Decreased quality of care

Cultural Competency



The ability to respond respectfully and effectively to people of all cultures in a way that affirms and values cultural differences and protects/preserves the dignity of each individual.

Seattle King County Department of Public Health, 1994.

Levels of Competence



- Unconscious incompetence - provider is not aware that cultural differences exist
- Conscious incompetence - provider still do not understand another's culture, but is aware of this lack of understanding and that differences so exist
- Consciously competent - provider becomes knowledgeable about cultural differences but still in the process of learning
- Unconsciously competent - providers knowledge of cultural differences now is appropriately incorporated in one's behavior and interaction with a client of different culture

Cultural Responsiveness



- A set of skills and behaviors to work effectively in both eliciting and delivering responses for delivery of care in a cross cultural situation.
- The capacity to respond when one is able and when necessary and acknowledge when and where it is appropriate.

Communication



- Linguistic variations within a cultural group (Region, ethnic group, social class, occupation, and many other factors)
- Cultural variations within a language group (Regional differences in cultures, social class differences, religious differences, or differences based on sexual orientation, etc.)
- Variations in literacy levels in all language groups

Language



- Disseminates important information for personal and cultural survival.
- Provides a sense of belonging by shared knowledge and reinforces group bonds.

Cultural Humility



- Skills and behaviors that are re tooled and renewed in a commitment for lifelong learning.
- Unconditional acceptance of client as expert in own culture to serve as tutor or teacher for provider to improve communication.

Cultural Sensitivity



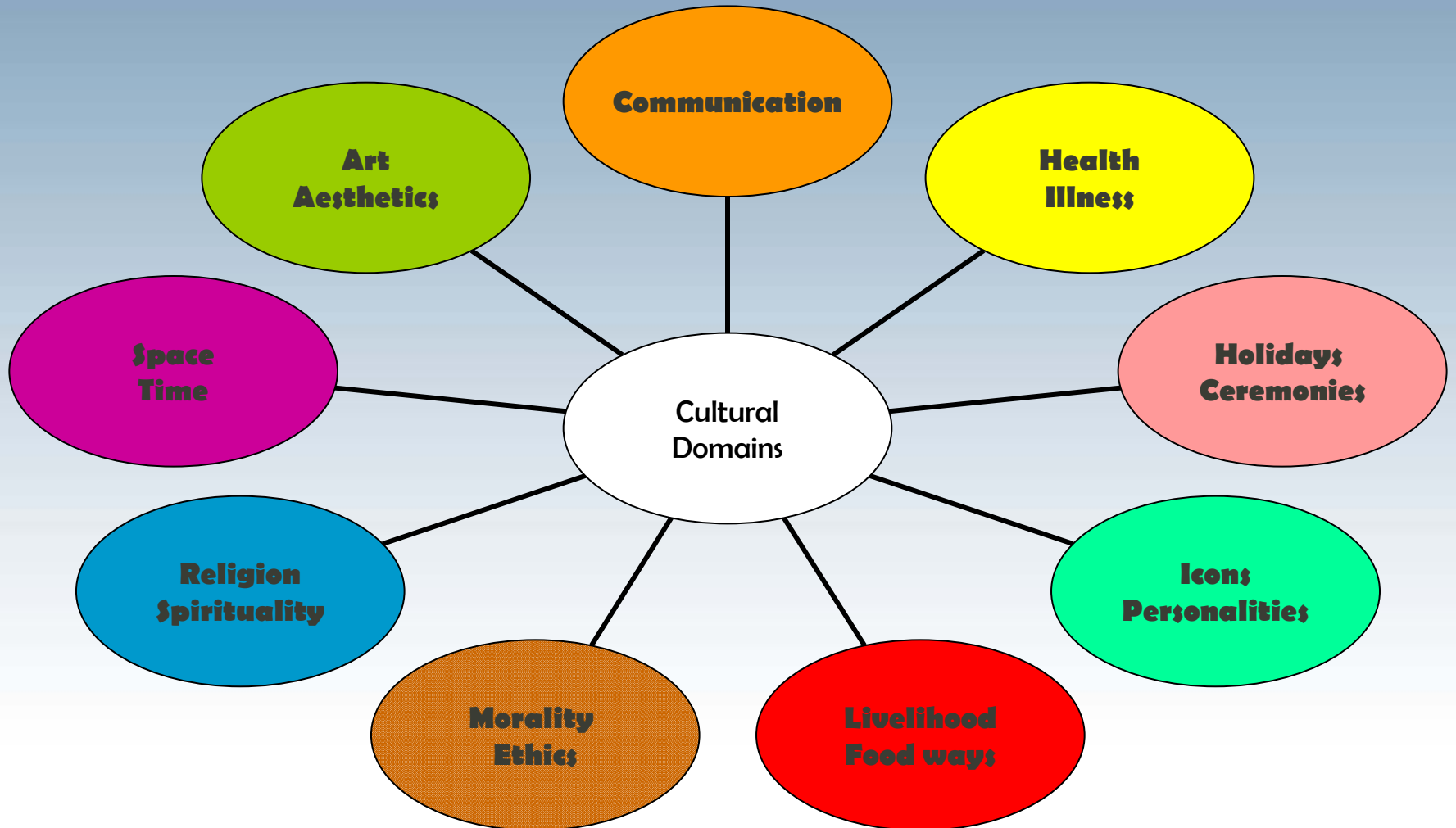
- Conduct in which a person recognizes the existence of both shared commonalities and differences for improved communication.
- Requires skills in observations, sensibility to behavior and speech.
- Involves willingness to observe local codes and rules of behavior.

Cultural Domains



- Refers to the areas of interest, performance and expression linked by similarity in characteristics.
- The way in which societies engage with the world around them.
- Each expression reflects cultural interest of importance to people of a community.

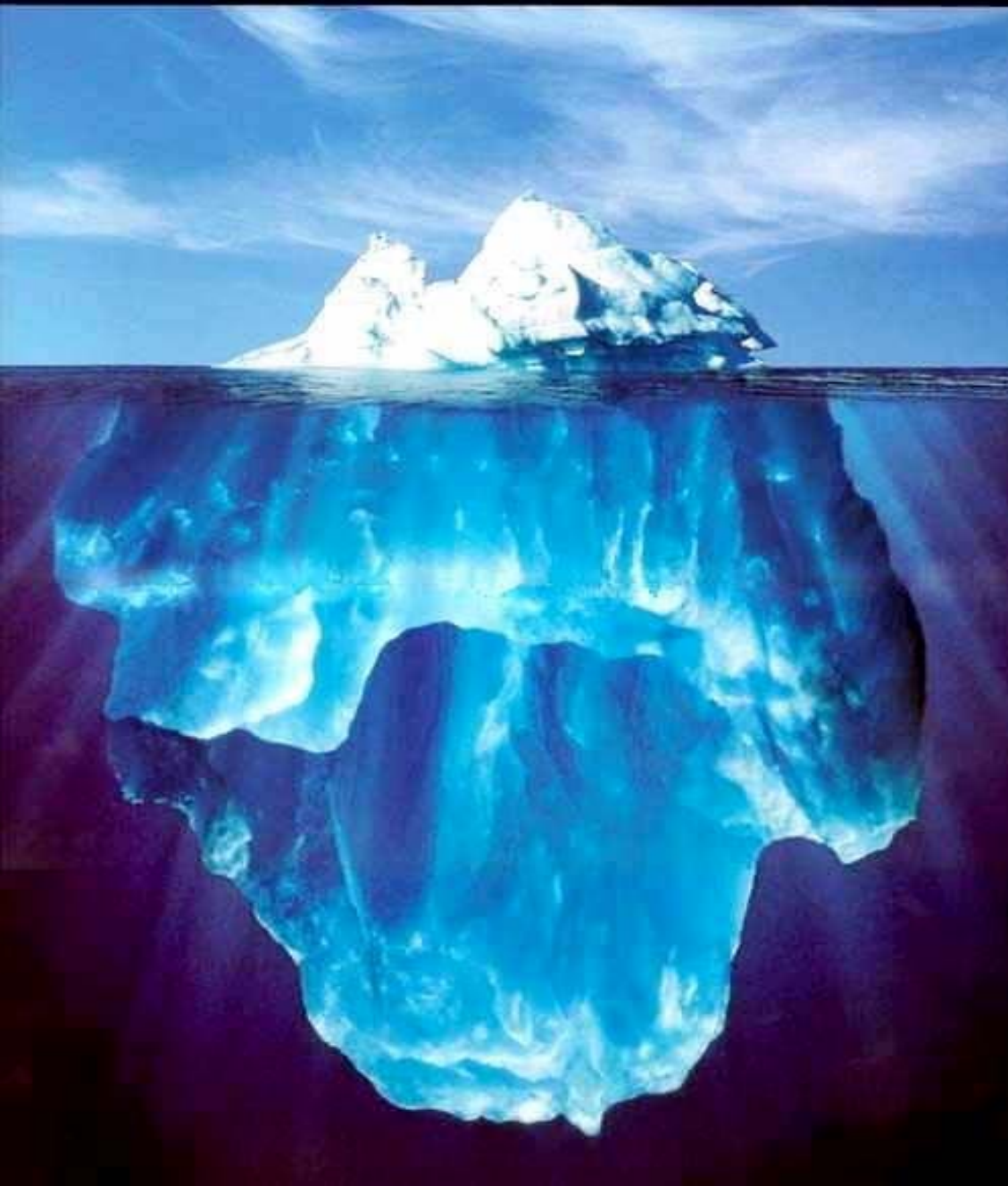
Cultural Domains



Surface Culture and Deep Culture



- Some aspects of a culture are visible and others are hidden.
- surface culture may be tangible and recognizable of a group.
- Deep Culture may remain hidden but may rise to the surface in emotions and performing behavior.
- There is a shifting evolution of culture generated by social process influenced by movement.
- Culture may move and have multiple processes, hybridization, renewal and loss.



Surface Culture

What is visible when you meet someone

Deep Culture

What cannot be seen and requires the use of Dynamic Interaction to elicit more of.

Elements of Surface Culture



- Food - food and culinary contributions
- Holidays - patriotic holidays, religious observances, and personal rites and celebrations
- Arts - traditional and contemporary music, visual and performing arts, and drama
- Folklore - folk tales, legends, and oral history
- History - historical and humanitarian contributions, and social and political movements
- Personalities - historical, contemporary, and local figures

Elements of Deep Culture



- Aesthetics
- Ceremony
- Concepts of time
- Courtship & marriage
- Ethics
- Family ties
- Health & medicine
- Folk myths
- Gesture & kinesics
- Grooming & presence
- Ownership
- Precedence
- Rewards & privileges
- Rights & duties
- Religion
- Sex roles
- Space & proximity
- Subsistence
- Taboos
- Values



OPINON POLL ACTIVITY

Dynamic Interactions



- Cross cultural encounters in which each party can share in their expertise to reach a consensus on an issue, find a solution to a common problem or teach and learn about an interest or skill area.
- Cross cultural communication is a dynamic and ongoing process.

Aspects of culture to consider when utilizing Dynamic Interactions

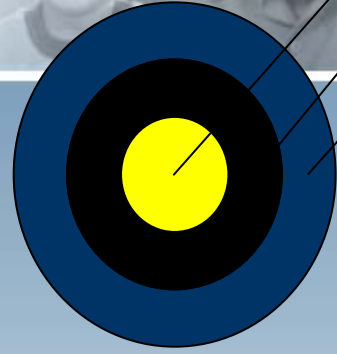


- Background/history of individual's culture.
- Internalization of ideas.
- How they assimilate ideas of who they are or are not.



Structural Factors

affect environment and consequently individuals directly and indirectly through formal rules



Person

Environment

Structural Factors

These Interactions are dynamic

Environmental Factors

Community Parks

Abandoned houses

Red Light Districts

Alcohol laws and enforcement

Zero Tolerance

Partner Notification Policies

How do these social circumstances affect HIV Risk Behaviors?

What Structural and Environmental Factors are present in your community?



Impact of Environment and Structural factors

Classified in Three Areas:

Availability: May include equipment, materials or selected settings available for risk reduction strategies.

Acceptability: May need to alter the rules and norms dealing with HIV that encourage discrimination and stigmatization.

Accessibility: May decrease or increase factors that affect people whose marginal situations places them at risk for HIV/AIDS.



Ethno Medicine

Folk Medicine

Healing and Disease



- Disease may be defined or understood as an organic illness that is clinically manifested from illness as feeling under the weather.
- Alternative healing can provide both physical and emotional relief.

Ethno Medicine/ Folk Medicine



- Ethno-medicine is any medical system linked to a particular language group or community of people.
- Folk medicine is a culturally-specific way to treat physical, emotional-psychological and spiritual afflictions that provides an alternative to the formal medical system.

Types of Healers



- Nurses, Physicians (M.D., D.O, etc), etc. (Western medicine)
- Alternative Medicine (e.g., Homeopathy, Naturopathy, Acupuncture)
- Traditional healers, herbalists, and others: *Curanderos(as)* “healers”, *Sobadores* (massage specialists), Seers, Spiritualists, *Parteras* (midwives)
- Priests, Pastors, Ministers, Preachers (formal religious counselors)

Survey of Hispanics with HIV found that 75% used traditional & alternative healing methods



Percentage of respondents engaging in specific folk healing practices

Pray	52	Special necklace	24
Make a promise	40	Incense	24
Light candles	38	Oils	22
Holy water	34	Herbs	18
Glasses of water	32	Special masses	18
Offerings /feast for patron saint	29	Consult spiritualist	16
Go to <i>Centro Espiritista</i>	26	Tarot card reading	14
Clean house	26	Special baths	12

Reasons for engaging in folk healing – in percentages

Physical relief	44
Spiritual relief	40
Ward off evil	26
Life change	12
Well-being	10
Prolong life	8
Obtain advice	6

Ethno-Medicine and HIV/AIDS



It is important that providers:

- Learn about client's practices through a cultural assessment
- Help the client by increasing his knowledge: HIV/AIDS, medications, treatments, prevention etc.
- Respect, validate and negotiate to incorporate their practices along with the treatment
- Provide culturally approaches to deal with some of his other beliefs or fears
- Be aware that some clients could be reluctant to treatment

Culture and Humor



On a routine visit to the doctor a woman in her late 70s asked her doctor for some birth control pills (anti-conceptivo). The doctor became curious and asked her what she wanted the pills for. She told him that it would make her sleep better, even more curious the doctor asked why birth control pills would make her sleep better. She told him “*pues se los pongo en el jugo de naranja a mi nieta cada mañana y así duermo mucho mejor cuando me acuesto de noche*”. Well I put them in my granddaughters orange juice every morning and that helps me sleep a lot better at night.

Core Values



- Core values are long lasting significant and immutable
- Influences cultural style, expression and actions.
- Provides means for expressions and actions.
- In relation to HIV/AIDS culture can be supportive or oppositional.



Discussion, Know your Community

- What core values may you find in the population you serve?
- How could these core values assist in your prevention efforts?



Conducting a Cultural Assessment

Cultural Assessment



1. What do you think has caused your problem?
2. Why do you think it started when it did?
3. What do you think your sickness does to you?
4. How severe is your sickness?

Cultural Assessment



5. What kind of treatment do you think you should receive?
6. What are the most important results you hope to achieve from this treatment?
7. What are the chief problems your sickness has caused?
8. What do you fear most about your sickness?




CULTURAL COMPETENCY MODELS/THEORIES

Practical Skills Model



- Affective Communication
- Relationship Building
- Diunital Reasoning
- Customs and Practices
- Model Management

Action Steps for achieving Cultural Competence



- Develop support for change.
- Identify groups to be involved.
- Identify barriers.
- Assess current level of cultural competence.
- Identify resources needed.
- Develop goals, implementation steps and deadlines.
- Commit to an ongoing evaluation process.
- Networking between service providers that enable continuum of needed services
- Proactive engagement to overcome barriers

**For more
information**



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www.cdc.gov