

Cultural Competence: An Introduction

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Common Critiques of Cultural Competence

It's a *Soft Construct* because:

- It's not skill-based
- It's not data-driven
- It's not linked to specific outcomes
- It's hard to operationalize

Terminology Confusion

- Cultural Sensitivity
- Cross-cultural Competence
- Cross-cultural Expertise
- Cross-cultural Effectiveness
- Cultural Responsiveness
- Cultural Awareness
- Culturally Skilled
- Cultural Proficiency
- Multicultural Competence

Why There is a Compelling Need for Cultural and Linguistic Competence

- To respond to current and projected demographic changes in the U.S.
- To improve the quality of services and health outcomes
- To meet legislative, regulatory and accreditation mandates

Why There is a Compelling Need for Cultural and Linguistic Competence

- To gain a competitive edge in the marketplace
- To eliminate long-standing disparities in the health status of people of diverse racial, ethnic and cultural backgrounds
- To decrease the likelihood of liability and malpractice

– Source: National Center for Cultural Competence, Georgetown University

Culture Counts: A Call To Action

- Mental Health: Culture, Race and Ethnicity, Supplement to the Surgeon General's Report (2001)
- Institute of Medicine: Unequal Treatment (2002)
- The President's New Freedom Commission Report on Mental Health (2003)



Behavioral Health Disparities: Findings of the Surgeon General (2001)

Ethnic & Racial Minorities:

- Less access to, & availability of, behavioral health services
- Less likely to receive needed behavioral health services
- Less likely to receive high quality behavioral health care
- Experience a greater burden of disability

Media Response to the IOM *Unequal Treatment Report (2002)*

New York Times, March 22, “Subtle Racism in Medicine”

“ . . . a disturbing new study by the Institute of Medicine has concluded that even when members of minority groups have the same incomes, insurance coverage and medical conditions as whites, they receive notably poorer care. Biases, prejudices and negative racial stereotypes, the panel concludes, may be misleading doctors and other health professionals.”

The President's New Freedom Commission Report on Mental Health (2003)

- “The system has neglected to incorporate respect or understanding of the histories, traditions, beliefs, languages and value systems of culturally diverse groups.”
- “Striking disparities in mental health care are found for racial and ethnic minorities.”



What is Cultural Competence?

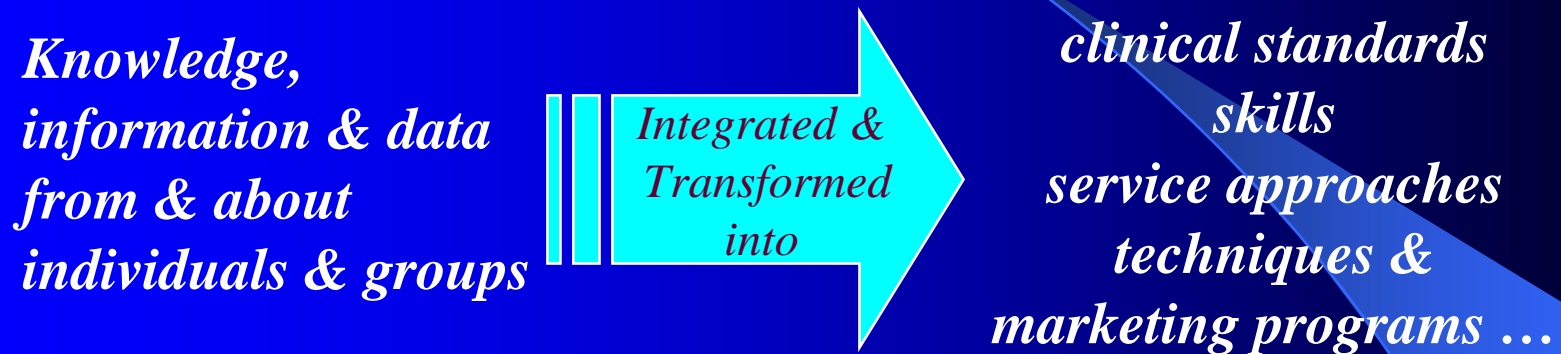
A Congruent Set of:

- Behaviors Attitudes Skills
- Policy Procedures

that come together in a system, agency, or among individual professionals to enable them to work effectively in cross cultural situations.

(Cross, Bazron, Dennis & Issacs, 1989)

What is Cultural Competence?



that match the individual's culture and increase both the quality and appropriateness of health care and health outcomes (Davis, 2003).

What is Cultural Competence?

- The extent to which programs provide effective services to members of various cultural backgrounds.

Cultural Considerations

- ❖ *Ethnicity*
- ❖ *Race*
- ❖ *Country of Origin*
- ❖ *Gender*
- ❖ *Age*
- ❖ *Socio-economic Status*
- ❖ *Primary Language*
- ❖ *English Proficiency*
- ❖ *Spirituality /Religion*
- ❖ *Literacy Level*
- ❖ *Sexual Orientation*
- ❖ *Employment*
- ❖ *Geographic Location*
- ❖ *Physical Ability/Limitations*
- ❖ *Immigration Status*
- ❖ *Criminal Justice Involvement*
- ❖ *Political Climate*

Culturally and Linguistically Appropriate Services Standard (CLAS) - *OMH-DHHS, 2000*

- Fourteen standards based on analytical review of key laws, regulations, contracts, and standards currently in use by federal and state agencies and other national organizations.
- The aim of the standards is to increase access to care and contribute to the elimination of health disparities.

CLAS Standards Overview

- Three Themes
 - **Culturally Competent Care**
 - Standards 1-3
 - **Language Access Services**
 - Standards 4-7
 - **Organizational Supports for Cultural Competence**
 - Standards 8-14

Developing a Culturally Competent System of Care

Multi-dimensional/multi-leveled process

- System Level
- Organization Level
- Program Level
- Individual Level

Cultural Competence at the System Level

- Cultural competence system assessment
- Cultural competence strategic planning
- Monitoring utilization & outcomes by race/ethnicity
- Workforce development
- Standard setting
- Contracting
- Policy alignment
- Fiscal alignment
- Consumer input & direction
- Involvement of grassroots providers & natural supports

Cultural Competence at the Organizational Level

- Executive level support & responsibility
- Cultural competence plans
- Monitor utilization & outcomes by race/ethnicity
- Organizational cultural competence assessments
- Culturally diverse staffing
- Staff training & supervision
- Collaborations and partnerships with community & natural supports
- Client satisfaction surveys

Cultural Competence at the Program Level

- Access — decentralized, flexible hours, natural supports, peer mentors, linguistic competence
- Inclusion of family members as preferred
- Holistic programming
 - employment, housing, health, spirituality, purpose
- Strength-based approach
- Consumer driven
- Culture-specific approaches
- Outcome assessment

Cultural Competence at the Individual Level

- Multidimensional, culturally relevant assessment
- Flexible roles and boundaries
- Questioning stance
- Awareness of differences in cultural norms
 - individualism vs. collectivism
- Willingness to relinquish control and foster consumer direction
- Consumer assessment of provider cultural competence

Cultural Competence: Future Directions

- Measure development and refinement
- Outcomes research
- Evidence-based for whom?
- Feedback loops