



Cultural Competency

Key Principles

The racial and ethnic composition of the population in Los Angeles County has changed significantly during the past two decades. Displaced by war, famine, political unrest and economic necessity, Latin Americans, Asians, Middle Easterners, Eastern Europeans and Africans have immigrated to this country in unprecedented numbers, bringing with them their unique and distinctive cultural legacies.¹ Defined as the thoughts, actions, customs and beliefs of a racial, ethnic, religious or social group, culture unifies members of the same group and distinguishes those from differing groups. Cultural expressions can range from subtle to explicit. The greater the differences are between two cultures, the more challenging it becomes to understand the underlying mechanisms of culturally determined practices.

As the diversity within LA County continues to grow, so does the importance of cultural competency or "cultural and linguistic appropriateness" in the effective delivery of health and social services. It has become increasingly more pertinent that health care providers ask themselves and each other if healthcare and medicine is able to cross the cultural bounds and whether the same standard of care is provided to all patients. Although the answer to this may oftentimes be a disparaging 'no', an increased focus on provider awareness of and sensitivity to cultural competency can help bridge the current gaps.

The issue of cultural competence should be seen from a unique perspective which acknowledges its complex, systemic nature. Culture should be placed within the context of an interwoven network of relationships

--between language and tradition, tradition and history, history and economics, and other factors. There have been different definitions applied to the term 'culture competence'; below are a few, in no order of preference, which demonstrate the complexity of the concept.

- "Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enable effective interactions in a cross-cultural framework."
T. Cross, et.al., 1989
- "Cultural Competency is the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds and religions in a manner that recognizes, affirms, and values the cultural differences and similarities and the worth of individuals, families, and communities and protects and preserves the dignity of each."
Seattle King County Dept of Public Health, 1994
- Cultural competence involves recognition and respect for differences among patients in terms of their values, expectations, and experiences with health care, while at the same time recognizing the culture-based practices and dictates of organized medicine, and the values, expectations, and experiences of the providers who practice it. Culturally competent care becomes possible only with the skillful management of the interplay between these elements which make up a medical encounter, and determine the points of access or barrier at the institutional level.
Cross Cultural Health Care Program, Cultural Competency Curriculum, 1999

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https://www.acog.org/from_home/departments/dept_notice.cfm?recno=18&bulletin=1059

Characteristics of Cultural Competence

Health providers can build knowledge, awareness and skills to work effectively and productively with a range of differences and to appreciate and benefit from expressions of individual cultural identity. This involves continually developing skills in:

- Increasing one's comfort level with differences
- Showing respect and appreciation for the values and beliefs of those who are different
- Careful listening
- Having patience
- Remaining non-judgmental: managing personal bias and stereotypes; improving the Remaining non-judgmental
- Ability to control and change false beliefs and assumptions
- Remaining flexible

General Guidelines for Practicing Cultural Competence

The national Office of Minority Health has recognized that culture and language have considerable impact on how patients access and respond to health care services. To ensure equal access to quality health care by diverse populations, health care organizations and providers, the OMH has drafted the below Standards of Care for Assuring Cultural Competence in Health Care²:

1. Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with patients and each other in a culturally diverse work environment.

2. Have a comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
3. Utilize formal mechanisms for community and consumer involvement in the design and execution of service delivery, including planning, policy making, operations, evaluation, training and, as appropriate, treatment planning.
4. Develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent administrative, clinical, and support staff that are trained and qualified to address the needs of the racial and ethnic communities being served.
5. Require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically competent service delivery.
6. Provide all clients with limited English proficiency (LEP) access to bilingual staff or interpretation services.
7. Provide oral and written notices, including translated signage at key points of contact, to clients in their primary language informing them of their right to receive no-cost interpreter services.
8. Translate and make available signage and commonly-used written patient educational material and other materials for members of the predominant language groups in service areas.
9. Ensure that interpreters and bilingual staff can demonstrate bilingual proficiency and receive training that includes the skills and ethics of interpreting, and knowledge in both languages of the terms and concepts relevant to clinical or non-clinical

² <http://www.omhrc.gov/clas/ds.htm>



encounters. Family or friends are not considered adequate substitutes because they usually lack these abilities.

10. Ensure that the clients' primary spoken language and self-identified race/ethnicity are included in the health care organization's management information system as well as any patient records used by provider staff.
11. Use a variety of methods to collect and utilize accurate demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in the service area, and become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.
12. Undertake ongoing organizational self-assessments of cultural and linguistic competence, and integrate measures of access, satisfaction, quality, and outcomes for culturally and linguistically appropriate services (CLAS) into other organizational internal audits and performance improvement programs.
13. Develop structures and procedures to address cross cultural ethical and legal conflicts in health care delivery and complaints or grievances by patients and staff about unfair, culturally insensitive or discriminatory treatment, or difficulty in accessing services, or denial of services.
14. Prepare an annual progress report documenting the organizations' progress with implementing CLAS standards, including information on programs, staffing, and resources.

Steps to Achieving Cultural Competence

At the Policymaking Level

Programs that are culturally competent:

- Appoint board members from the community so that voices from all groups of people within the community participate in decisions;
- Actively recruit multiethnic and multiracial staff;
- Provide ongoing staff training and support developing cultural competence;
- Develop, mandate, and promote standards for culturally competent services;
- Insist on evidence of cultural competence when contracting for services;
- Nurture and support new community-based multicultural programs and engage in or support research on cultural competence;
- Support the inclusion of cultural competence on provider licensure and certification examinations; and
- Support the development of culturally appropriate assessment instruments, for psychological tests, and interview guides.

At the Administrative Level

Culturally competent administrators:

- Include cultural competency requirements in staff job descriptions and discuss the importance of cultural awareness and competency with potential employees;
- Ensure that all staff participate in regular, in-service cultural competency training;
- Promote programs that respect and incorporate cultural differences; and



- Consider whether the facility's location, hours, and staffing are accessible and whether its physical appearance is respectful of different cultural groups.

At the Service Level

Practitioners who are culturally competent:

- Learn as much as they can about an individual's or family's culture, while recognizing the influence of their own background on their responses to cultural differences;
- Include neighborhood and community outreach efforts and involve community cultural leaders if possible;
- Work within each person's family structure, which may include grandparents, other relatives, and friends;
- Recognize, accept, and, when appropriate, incorporate the role of natural helpers (such as shamans or curanderos);
- Understand the different expectations people may have about the way services are offered (for example, sharing a meal may be an essential feature of home-based mental health services; a period of social conversation may be necessary before each contact with a person; or access to a family may be gained only through an elder);
- Know that, for many people, additional tangible services--such as assistance in obtaining housing, clothing, and transportation or resolving a problem with a child's school--are expected, and work with other community agencies to make sure these services are provided;

- Adhere to traditions relating to gender and age that may play a part in certain cultures (for example, in many racial and ethnic groups, elders are highly respected). With an awareness of how different groups show respect, providers can properly interpret the various ways people communicate.

Achieving Cultural Competence

To become culturally competent, programs may need to:

- Assess their current level of cultural competence;
- Develop support for change throughout the organization and community;
- Identify the leadership and resources needed to change;
- Devise a comprehensive cultural competence plan with specific action steps and deadlines for achievement; and
- Commit to an ongoing evaluation of progress and a willingness to respond to change.

Source Materials & Useful Resources

Web-based links:

- <http://www.omhrc.gov/clas/ds.htm>
- <http://medicine.ucsf.edu/resources/guidelines/culture.html>
- <http://www.diversityrx.org>
- <http://erc.msh.org/quality&culture>
- <http://bphc.hrsa.gov/cc/3.htm>
- <http://www.worlded.org/us/health/docs/culture>
- <http://www.ncihc.org>
- <http://www.xculture.org/index.cfm>
- <http://www.medi-cal.org/publications/>

<http://www.umn.edu/ccch>
[http://www.awesomelibrary.org/Classroom/Social
Studies/Multicultural/Cultural_Competence.html](http://www.awesomelibrary.org/Classroom/Social_Studies/Multicultural/Cultural_Competence.html)
[http://www.athealth.com/Practitioner/particles/cultu
ralcompetence.html](http://www.athealth.com/Practitioner/particles/culturalcompetence.html)
<http://www.culturalhealing.com/healthcare2.htm>

Self-Assessment Instruments:

[http://www.georgetown.edu/research/qucdc/nccc/n
ccc7.html](http://www.georgetown.edu/research/qucdc/nccc/nccc7.html)

Campinha-Bacote, J. (1998). *Inventory for Assessing the Process of Cultural Competence (IAPCC) Among Health Care Professionals*. Cincinnati, OH: Transcultural C.A.R.E. Associates, 11108 Huntwicke Place, Cincinnati, OH 45241, tel 513-469-1664.

Child Welfare League of America (1993). *Cultural Competence Self-Assessment Instrument*. Washington, DC: Child Welfare League of America, 440 First St, NW, Suite 310, Washington, DC, 20001-2085.

Dana, R.H., Behn, J.D., Gonwa, T. (1992). A Checklist for the Examination of Cultural Competence in Social Service Agencies in *Research on Social Work Practice*, Vol. 2, No. 2, 220-233.

National Public Health and Hospital Institute (1997). *Self-Assessment of Cultural Competence*. Washington, DC: NPHHI, 1212 New York Ave, NW, Ste 800, Washington, DC, 20005, tel 202-408-0229, fax 202-408-0235.

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