

Cultural Competency

**2018 Annual Chronic Disease Partners Meeting/
Better Choices, Better Health® Meeting
Mitchell, South Dakota**

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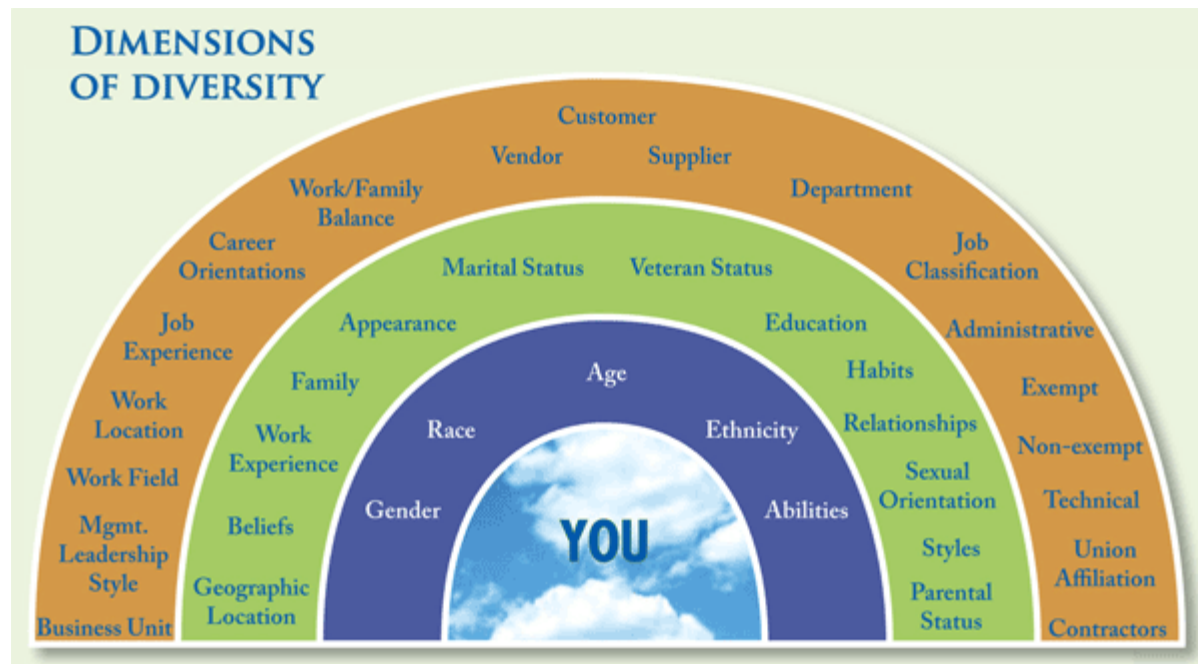
**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**
Promoting Health. Preventing Disease.

Objectives

- Define Cultural Competency
- Discuss the HHS CLAS Standards
- To Discuss The Reasons Why Cultural Competency is Important
- Business Case for Cultural Competency



Diversity



Diversity

What is Diversity?

- Diversity is defined as real or perceived differences among people that affect their interactions and relationships

- What are some characteristics about you that make you feel different from another person?

<https://www.youtube.com/watch?v=kIVmZoCi4Qc>



What is culture?

- *Culture* is typically described as the totality of learned behaviors of a people that emerges from their interpersonal interactions.
- Culture includes the ideals, values, and assumptions about life that are widely shared and that guide specific behaviors.
 - Objective culture
 - Visible: artifacts, food, clothing
 - Subjective culture
 - Invisible: values, attitudes, norms



Culture

- Provides us with our identity, beliefs, values, and behavior.
- Is learned as a part of the natural process of growing up in a family and community and from participating in societal institutions.
- Is the conscious and unconscious content that a group learns, shares, and transmits from generation to generation that organizes life and helps interpret existence.



Elements of Cultural Competency

- Culture is **not always overt**
- We are all essentially **ethnocentric**
- We observe, **interpret**, then act
- We **may not know** when we are offending others
- Awareness and knowledge **increase our choices**
- Understanding **yourself** is the first step

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JOURNEY TO **BEST OUTCOMES**

..... *Through best people & programs*

Everyone Matters

Embrace the strength and
value of **EACH INDIVIDUAL**...

...to ultimately provide
optimal care **FOR ALL**

**Diversity of Thought
& Inclusion of People**
Culture
Operations
Talent

Health Equity
Population Health
Social Determinates

What is Cultural Competency?

"Cultural Competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services,"



Cultural competence is ongoing

Cultural Competence Approach



The **capability** to shift cultural perspective and adapt—or bridge—behavior to cultural commonality & difference



Bias/Implicit Bias Defined

- **Bias is a prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair.** It is a bent, a leaning, a strong inclination of the mind or a preconceived opinion about something or someone.
- **Implicit bias occurs when someone** consciously rejects stereotypes and supports anti-discrimination efforts, but **also holds negative associations in his/her mind unconsciously.**
- Scientists have learned that **we consciously access 5% of our brains** - much of the work our brain does occurs on the unconscious level.
- Implicit bias does not mean that people are hiding their prejudices (generational, education/economic status, racial, sexual orientation, etc.). **They literally do not know they have them.**



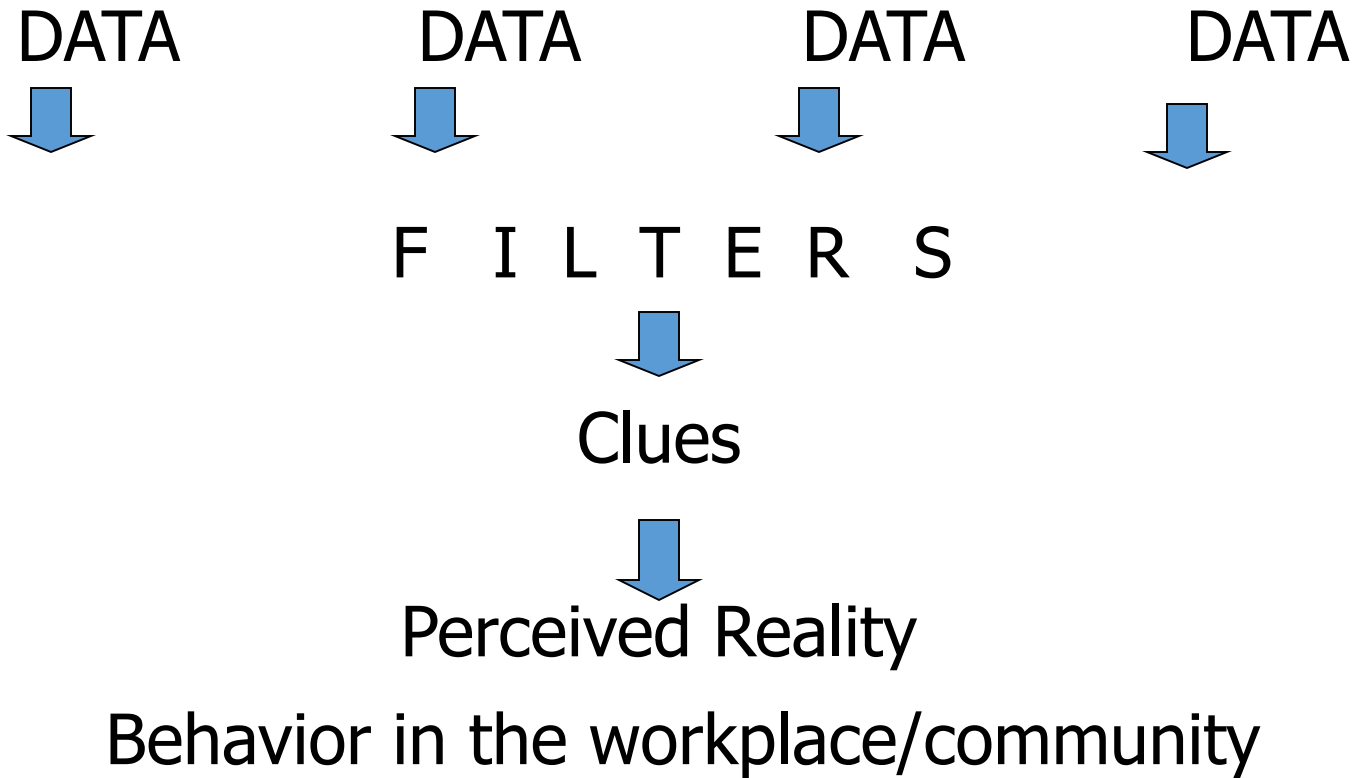
Take The Implicit Association Test (IAT)

Select a Test

- ☐ [Presidents IAT](#) **Presidents ('Presidential Popularity' IAT)**. This IAT requires the ability to recognize photos of Barack Obama and one or more previous presidents.
- ☐ [Sexuality IAT](#) **Sexuality ('Gay - Straight' IAT)**. This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.
- ☐ [Disability IAT](#) **Disability ('Disabled - Abled' IAT)**. This IAT requires the ability to recognize symbols representing abled and disabled individuals.
- ☐ [Weapons IAT](#) **Weapons ('Weapons - Harmless Objects' IAT)**. This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.
- ☐ [Arab-Muslim IAT](#) **Arab-Muslim ('Arab Muslim - Other People' IAT)**. This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.
- ☐ [AGE IAT](#) **Age ('Young - Old' IAT)**. This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.
- ☐ [Skin-tone IAT](#) **Skin-tone ('Light Skin - Dark Skin' IAT)**. This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.
- ☐ [Native IAT](#) **Native American ('Native - White American' IAT)**. This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.
- ☐ [Asian IAT](#) **Asian American ('Asian - European American' IAT)**. This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.
- ☐ [Gender-Science IAT](#) **Gender - Science**. This IAT often reveals a relative link between liberal arts and females and between science and males.
- ☐ [Weight IAT](#) **Weight ('Fat - Thin' IAT)**. This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.
- ☐ [Religion IAT](#) **Religion ('Religions' IAT)**. This IAT requires some familiarity with religious terms from various world religions.
- ☐ [Race IAT](#) **Race ('Black - White' IAT)**. This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.
- ☐ [Gender-Career IAT](#) **Gender - Career**. This IAT often reveals a relative link between family and females and between career and males.

<https://implicit.harvard.edu/implicit/demo/selectatest.html>





Implicit Bias – Video

- Why discuss implicit bias? Cultural Competency, diversity?
- To avoid this:
- <https://www.youtube.com/watch?v=XUO59Emi3eo>



IMPERATIVES:

Why Be Cross-Culturally Competent?

Disparities in health care

- IOM report “Unequal Treatment”, 2002, reveals disparities in health care access and treatment between whites and people of color
- Asian Americans/Pacific Islanders are 3 – 13 times more likely to die from liver cancer than Caucasians
- 24 of Ohio’s 29 Appalachian counties are designated Health Professions Shortage Areas
- ❑ Among people who are deaf, women of color experience the greatest health disparities and difficulty accessing appropriate health care. They tend to have lower incomes and poorer health, and to be less educated compared with white women.



IMPERATIVES:

Why Be Cross-Culturally Competent? (cont'd)

- The U.S. is projected to become a majority-minority nation for the first time in 2043. While the non-Hispanic white population will remain the largest single group, no group will make up a majority. *U.S. Census Projections 2010*
- Population surveys show that 27% of adult Ohioans and 18% of children report having a disability. *Ohio Department of Development 2010*
- New census figures show that the number of Ohioans who fall below the poverty line is around 1.8 million. *Associated Press, Sep 19, 2013*
- Columbus is host to the second-largest Somali community in the U.S., behind Minneapolis. Using local administrative data such as birth certificates and student records, the county's Somali population is approximately 15,000.
- FAIR estimates that the foreign-born population of Ohio was about 423,950 residents in July 2007. This meant a foreign-born population share of 3.7 percent. *Federation for American Immigrant Reform*
- In 2056, for the first time, the older population, age 65 and over, is projected to outnumber the young, age under 18. *U.S. Census Projections 2010*



IMPERATIVES: Why Be Cross-Culturally Competent?

•Benefits

- Better quality of service
- Clients more receptive to services and service outcomes are improved
- Higher and respectful engagements with customers, peers, co-workers and supervisors
- Greater exchange of useful information
- Expansion of services/products
- Higher job satisfaction
- Improved agency morale
- Better teamwork
- Aligned Thinking approach—It takes all of us!!
- Consistency in our approach—at all levels
- Better patient satisfaction



Benefits continued...

Health care providers trained in cultural competency:

- Demonstrate greater understanding of the central role of culture in health care
- Recognize common barriers to cultural understanding among providers, staff, and residents/patients
- Identify characteristics of cultural competence in health care settings
- Assess and respond to differences in values, beliefs, and health behaviors among diverse populations and older adults
- Demonstrate commitment to culturally and linguistically appropriate services
- Work more effectively with diverse health care staff
- Act as leaders, mentors, and role models for other health care providers



Pedersen's Developmental Model

- **Awareness** – consciousness of one's own attitudes and biases as well as the sociopolitical issues that confront culturally different youngsters.
- **Knowledge** – accumulation of factual information about different cultural groups.
- **Skills** – integration of awareness competencies to positively impact children from culturally distinct groups.
- **Attitude** – belief that differences are valuable and change is necessary and positive.

Each domain builds successively on the previous one such that mastery of an earlier domain is necessary before proceeding to subsequent domains.



C.L.A.S. Standards

Culturally and Linguistically Appropriate Services U.S.
Department of Health and Human Services, Office of
Minority Health, July 2013



National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

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The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care 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:	
Principal Standard	
Standard 1	Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
Governance, Leadership and Workforce	
Standard 2	Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
Standard 3	Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
Standard 4	Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
Communication and Language Assistance	
Standard 5	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.
Standard 6	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing..
Standard 7	Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
Standard 8	Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (cont.)

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Engagement, Continuous Improvement and Accountability	
Standard 9	Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.
Standard 10	Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities..
Standard 11	Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery..
Standard 12	Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
Standard 13	Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness..
Standard 14	Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
Standard 15	Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

HHS CLAS Standards

Purpose

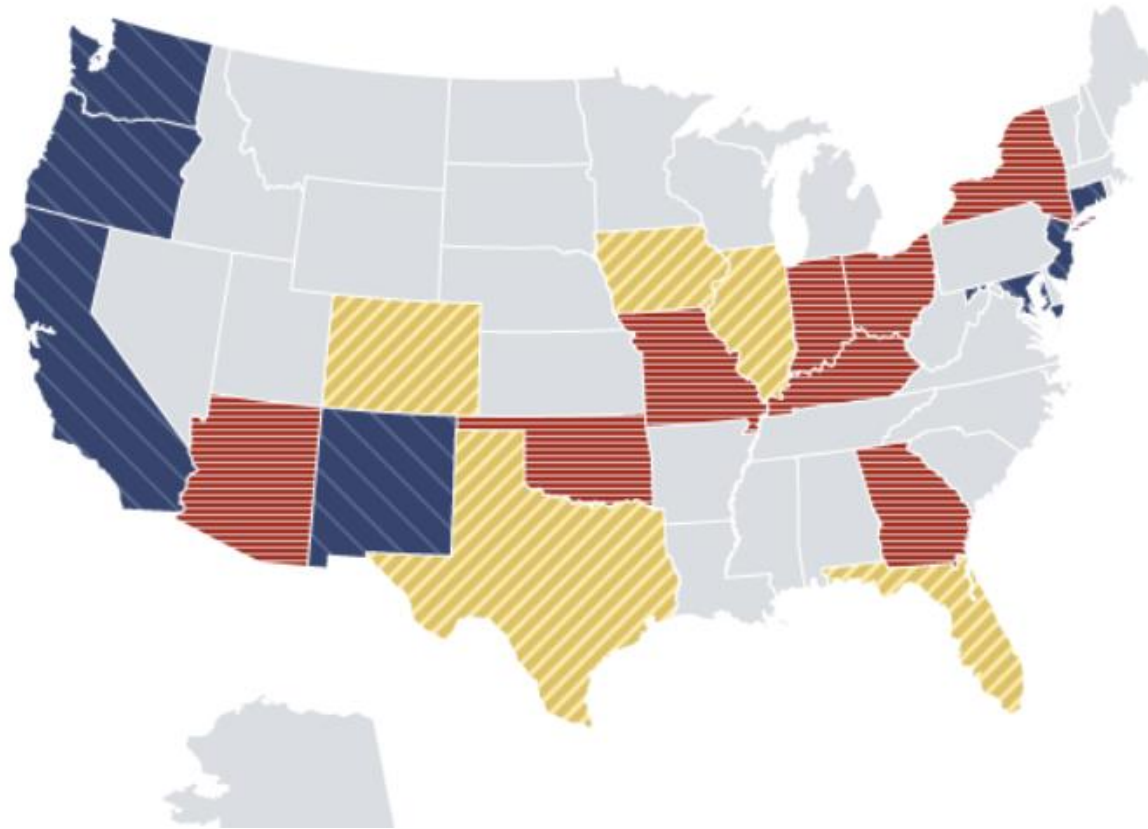
- advance health equity,
- improve quality,
- and help eliminate health care disparities

History & Enhancement Initiative

- National CLAS Standards developed by the HHS Office of Minority Health in 2000.
- Following 10 years of successful implementation, in 2010 the standards were enhanced.
- The Enhancement Initiative lasted from 2010 to 2013,



CLAS Legislation Map



HHS CLAS STANDARDS

Stringency of CLAS Standards

In addition to the type of their content, each of the CLAS Standards also falls under 1 of 3 levels of regulatory stringency.

Mandates

Four of the CLAS Standards are classified as federal mandates, meaning that the measures discussed in them are requirements that apply to all organizations that receive funding from the US government. Standards 4, 5, 6, and 7 are mandates.

Guidelines

The largest group of CLAS Standards are classified as guidelines. This means that the Office of Minority Health (OMH) has suggested that federal, state, and national accrediting agencies adopt them as mandates. Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13 are currently classified as guidelines.

Recommendations

The OMH has classified 1 standard as a recommendation, meaning that it is suggested for voluntary adoption by healthcare organizations; this is Standard 14.



PCMH & Cultural Competency

PCMH Approach relies on identifying and negotiating different communication styles, decision-making, roles of family, sexual and gender issues, and issues of mistrust, prejudice and racism, among other factors.

While Cultural Competence can be seen as a necessary set of skills for health professionals to attain in order to render effective patient-centered care.



Business Case for Cultural Competency

- Increased market share among limited English proficient patients.
- Substantial reductions in outsourced language interpretation services and subsequent savings in related costs.
- Increased patient and provider satisfaction.
- More efficient use of staff time by reducing communication delays between patients and providers.
- Cost-savings resulting from shorter hospital stays and more prompt and efficient patient discharges.



Business Case Continued

- Better quality of service
- Clients more receptive to services and service outcomes are improved
- Higher and respectful engagements with customers, peers, co-workers and supervisors
- Greater exchange of useful information
- Expansion of services/products
- Higher job satisfaction
- Improved agency morale
- Better teamwork
- Aligned Thinking approach—It takes all of us!!
- Consistency in our approach—at all levels
- Better patient satisfaction



Right to Interpreter Services

Patient/Family Care Policy

- Limited English Proficient (LEP) and Deaf/ Hard of Hearing (D/HOH) individuals and their guardians are to be afforded meaningful participation in their health care processes equal to their hearing and English speaking counterparts.

Language Access Plan

This Interpreter Services Plan should be prepared to hospital responsibilities as a recipient of federal financial funds relating to the needs of individuals with limited English language skills.

The plan has been prepared in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000 et seq.; 45 CFR §80, and its implementing regulations, which state that no person shall be subjected to discrimination on the basis of race, color or national origin.

Inform Patients and families availability of language Services

Interpreting Services Available

English

Services d'interprétation sont disponibles

French

Dolmetscherservice verfügbar

German

Servicios de interpretación disponibles

Spanish

Servizi di interprete disponibili

Italian

Serviços de interpretação disponíveis

Portuguese

Waxaa idiin diyaara turjubaano

Somali

Предоставляются услуги устного перевода

Russian

تتوفر خدمات الترجمة

Arabic

通訳サービスあります

Japanese

提供口譯服務

Chinese



American Sign Language



Identification of Language Assistance Needs

- Factors used to determine the title VI obligation to ensure meaningful access to LEP persons.
- Patient / family languages are identified when an appointment is being scheduled or when the patients are being admitted to the hospital.

If the patient/ caregiver requires an interpreter because he/ she speaks a language other than English, the language is noted in the computerized medical record or electronic medical record.



Identifying Patient's Preferred Language

- Determine whether an interpreter's services are needed at time of scheduling appointment- via phone or in person.
- Identify the patient's preferred language for discussing health care, involve patients and families in the care process
- Assuring proper documentation of the LEP patient encounter.

 Interpretation Services Available	
<p>pacificinterpreters™ A Language Solutions Company</p> <p>English Translation: Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.</p>	
Arabic عربي أشر إلى اللغة، وسنم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجاناً.	Korean 한국어 귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.
Burmese မြန်မာစာ အချက်အလက်များကို ဖော်ပြပါ စာမျက်နှာများတွင် အသေးစိတ် ဖော်ပြထားပါသည်။	Mandarin 國語 請指認您的語言，以便為您提供免費的口譯服務。
Cantonese 廣東話 請指認您的語言，以便為您提供免費的口譯服務。	Polish Polski Proszę wskazać swój język i wezwiemy tłumacza. Usługa ta zapewniana jest bezpłatnie.
Farsi فارسی زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.	Portuguese Português Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.
French Français Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.	Punjabi ਪੰਜਾਬੀ ਅਪਣੀ ਭਾਸ਼ਾ ਦੱਸੋ ਅਤੇ ਇਕ ਟਰਾਂਸਲੇਟਰ ਕਾਲ ਕੀਤਾ ਜਾਵੇਗਾ। ਟਰਾਂਸਲੇਟਰ ਦੀ ਸੇਵਾ ਮੁਫਤ ਹੈ।
Haitian Creole Kreyòl Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.	Russian Русский Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.
Hindi हिंदी आपकी भाषा को दर्शाएं और हमें बताएं कि आपको कौन सा भाषा चाहिए। हम आपको मुफ्त में भाषा सेवा प्रदान करेंगे।	Somali Af-Soomaali Farta ku fiqlugaadaa... Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.
Hmong Hmoob Taw rau koj hom lus. Yuav hu rau ib tug neeg bhai lus. Yuav muaj neeg bhai lus yam us koj tsis tau them dab ts.	Spanish Español Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.
Italian Italiano Indicare la propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.	Tagalog Tagalog Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.
Japanese 日本語 あなたの話す言語を指してください。無料で通訳サービスを提供します。	Vietnamese Tiếng Việt Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

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Language Solutions: Over-the-Phone, Video Remote, and Onsite Interpreting / Bilingual and Interpreter Staff Training and Training / Translation and Localization

www.pacificinterpreters.com



Offer Communication and Language Assistance

- 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.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.



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ODH Cultural Competency Project

Thank You!

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