Towards Better Quality of Care: Applying the Cultural Competence and Cultural Humility to Our Daily Work

Presented to CAMINAR

Jei Africa, BHRS and Abbie Endres, Caminar
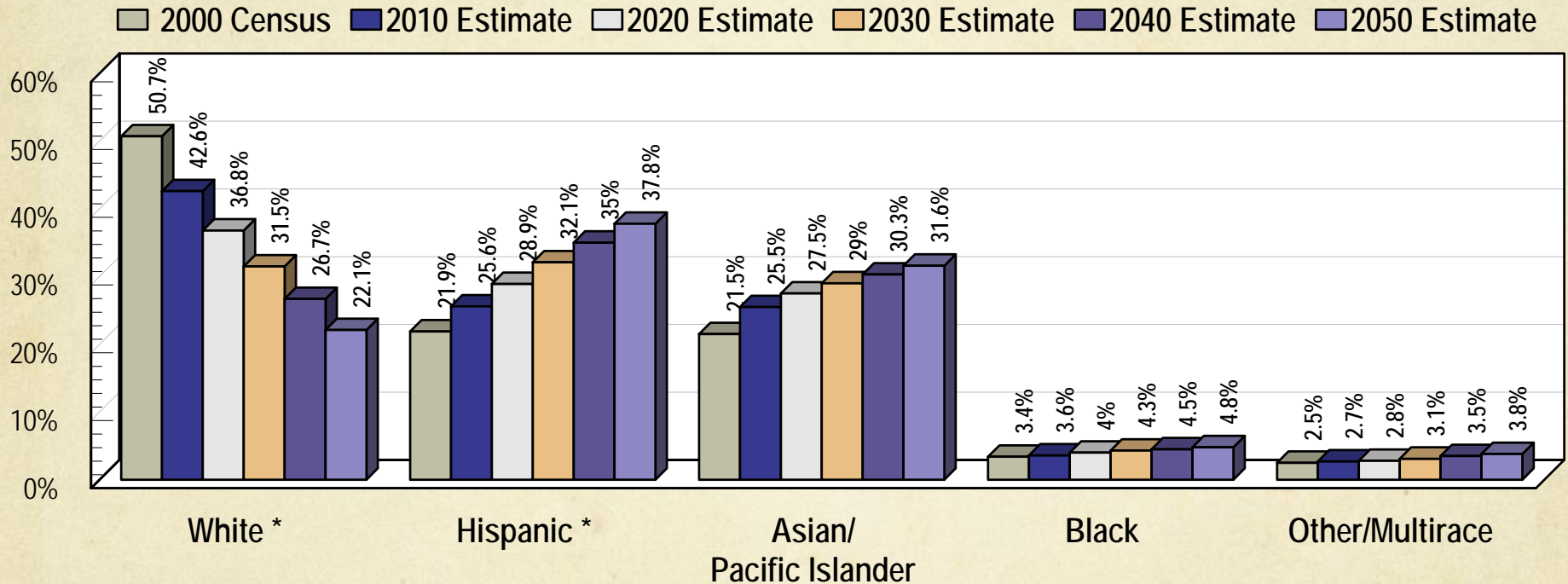Foster City Library
May 20, 2009

Agenda

- Introduction/Goals

- Culture and Context

- Cultural Competence and Cultural Humility

- LUNCH ☺

- Application of Concepts

- Learn about resources related to cultural competence

Introduction

- Welcome

- Why are we here?

- Why are you here?

- Some caveats:
  - Perspective
  - Open discussion

Our Diverse Community

Race/Ethnicity, San Mateo County

Legend: ■ 2000 Census ■ 2010 Estimate ■ 2020 Estimate ■ 2030 Estimate ■ 2040 Estimate ■ 2050 Estimate

Race/Ethnicity	2000 Census	2010 Estimate	2020 Estimate	2030 Estimate	2040 Estimate	2050 Estimate
White *	50.7%	42.6%	36.8%	31.5%	26.7%	22.1%
Hispanic *	21.9%	25.6%	28.9%	32.1%	35%	37.8%
Asian/Pacific Islander	21.5%	25.5%	27.5%	29%	30.3%	31.6%
Black	3.4%	3.6%	4%	4.3%	4.5%	4.8%
Other/Multirace	2.5%	2.7%	2.8%	3.1%	3.5%	3.8%

Source: P3 Population Projections by Race / Ethnicity, Gender and Age for California and Its Counties 2000–2050. State Department of Finance. July 2007.

Note: * Hispanics may be of any race, and might be represented in race categories as well (e.g., White). In other words, these race/ethnicity groupings are not mutually exclusive.

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Quick Exercise

Cultural Backpack

What is culture?

culture: the sum total of the ways of life of a people; includes norms, learned behavior patterns, attitudes, and artifacts; also involves traditions, habits or customs; how people behave, feel and interact; the means by which they order and interpret the world; ways of perceiving, relating and interpreting events based on established social norms; a system of standards for perceiving, believing, evaluating, and acting [TESOL]
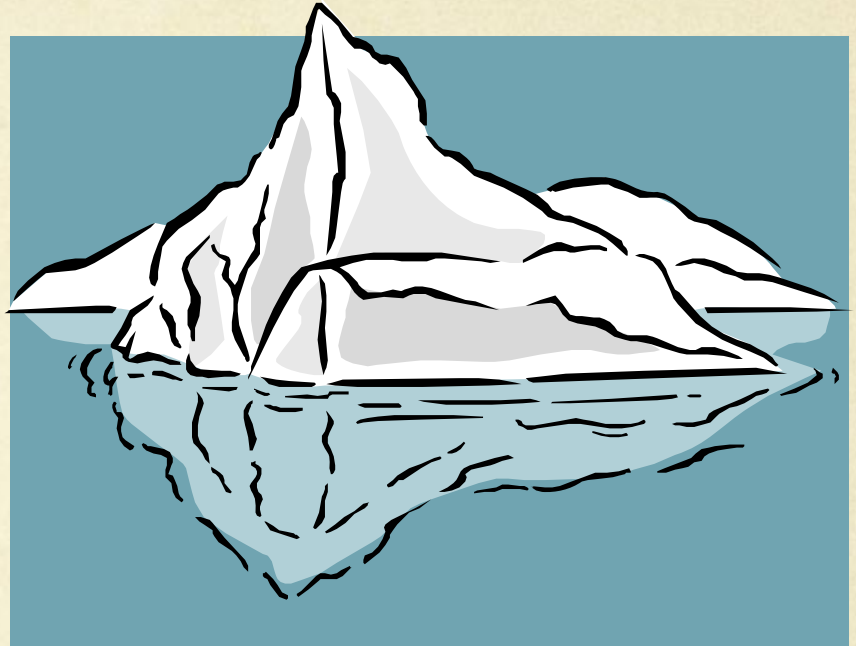
What is culture?

- Changes (albeit slowly)
  - Constantly shifts and change

- Talking about ways in which our experience(s) shape our commonalities

- Is it different from identity?

Multicultural Beings
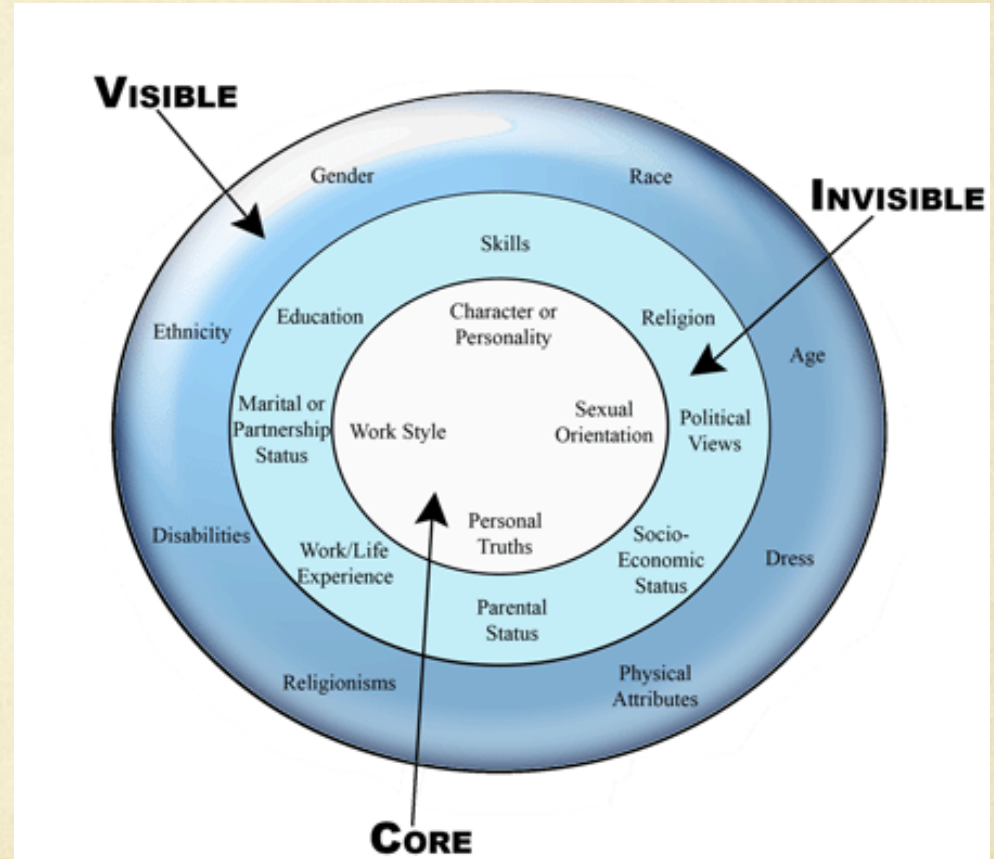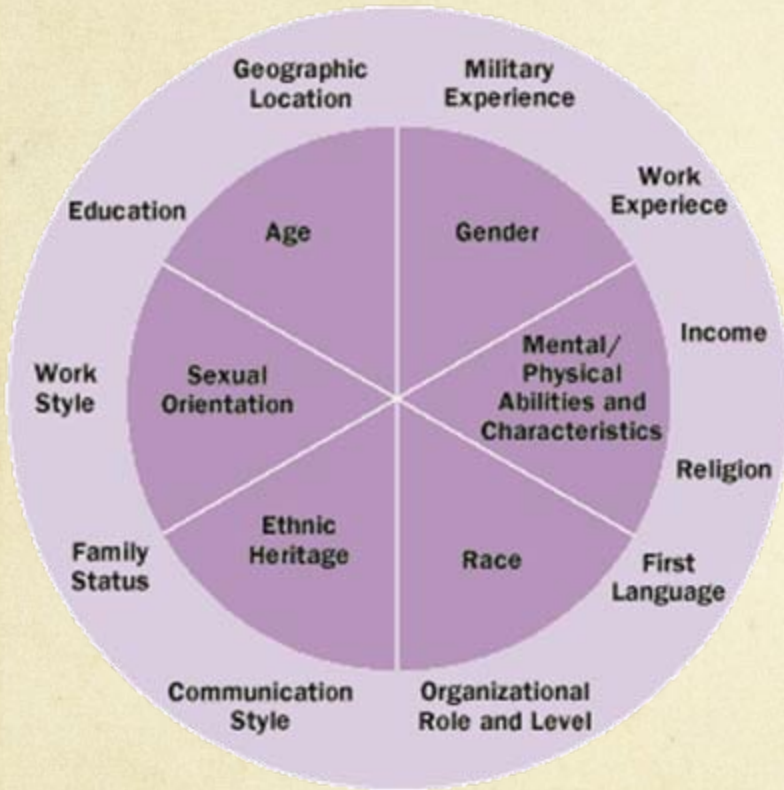
The Iceberg Model of Culture

- Visible
  - What we observe and perceive them to be

- Invisible
  - Beliefs
  - Norms
  - Values
  - Expectation
  - Assumptions
  - Perceptions

HOW CULTURE IS LIKE AN ICEBERG

Communicating Across Cultures

Just as nine-tenths of an iceberg is below the surface of the water, so is nine-tenths of culture out of conscious awareness and thus has been termed "deep culture." Oral tradition feeds on deep culture.

Primarily in awareness

food   dress

music   visual art

drama   crafts   dance   literature

language   celebrations

notions of modesty   conception of beauty   concepts of food

ideals governing childraising   rules of decency   cosmology

relationship with animals   definition of sin   courtship practices

conception of justice   incentives to work   tempo of work

conceptions of cleanliness   notions of leadership   concepts of humor

patterns of group decision-making   approaches to problem-solving   attitudes toward the dependent

theory of disease   attitudes toward elders   conception of status mobility   eye contact behavior

definition of obscenity   patterns of superior/subordinate relations   conception of past and future

roles in relation to status by age, sex, class, occupation, kinship and so forth

conversational patterns in various social context   nature of friendship

ordering of time   conception of "self"   patterns of visual perception

preference for competition or cooperation   notions about logic and validity   body language

social interaction rate   notions of adolescence   arrangement of physical space

patterns of handling emotions   facial expressions

definition of insanity   tolerance of physical pain

AND MUCH, MUCH MORE

Primarily out of awareness

"This hidden area underlies our behaviour, influences our perceptions, and is out of our immediate frame of reference—until we plunge beneath the surface—or perhaps like the Titanic, encounter it unexpectedly." —Sharon Rhuly

Target versus Non-Target

- Target
  - People of color
  - Support staff/Supervisee
  - Poor/Working class
  - Informally educated
  - Women
  - Jews/Muslim/Catholic
  - Elders (65+)
  - LGBTQI
  - People with Disabilities
  - Immigrant
 - English as a Second Language
  - Deaf people…

- Non-Target
  - White Caucasian
  - Management/Supervisor
  - Formally educated
  - Men
  - Protestants
  - Young People
  - Middle Aged Person
  - Heterosexual
  - Temporarily Able-bodied
  - US born
  - English as a First/Dominant Language…

Target versus Non-target

○ Target group

   ○ Is a term used to describe people of color and other marginalized groups who have been historically targeted within US society as "less than" or different in an inferior way from the dominant population.

   ○ Statistical odds for successful outcomes are less for members of the target group.

○ Non-target group

   ○ Are more likely to operate from a view that their "way" is normal and to receive unearned privilege and increased life chances such as longer mortality, employment, access to credit and higher incomes.

What we know about culture...
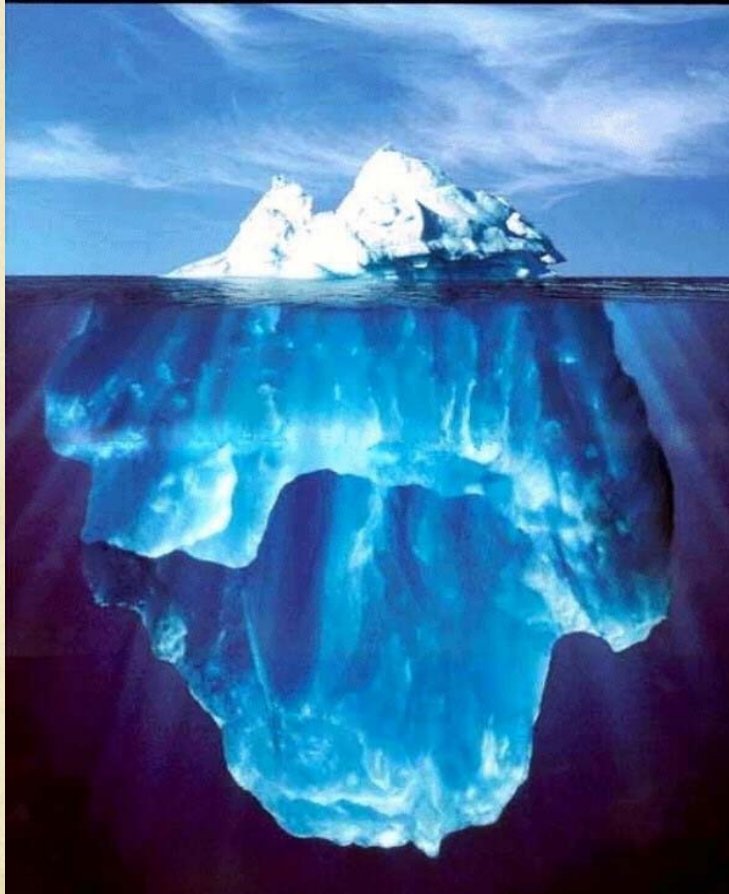
- Complex
- External and internal
- Provides a context
- Constructed
- Transmitted
- Learned
- Changes

Weltanschauung

Culture contains many worldviews

It refers to the framework of ideas and beliefs through which an individual interprets the world and interacts with it...

Understand themselves, their environment (world) and their experiences...

Values, Beliefs, Language, Acculturation

Worldview

Values

- Things that are ultimately of worth

Beliefs

- Ideas, thoughts, cognitions which individuals use to make sense of the world

Worldview

Language

- Learned in a specific cultural context to communicate with others

Acculturation

- Process by which people adapt to the culture they join and how they retain aspects of their culture of origin

Weltanschauung in action

Parents

School

Church

Media

Community

Society

VALUES   BELIEF   LANGUAGE   ACCULTURATION

Power and Privilege

○ Privilege is defined as unearned right, advantage or immunity granted to or enjoyed beyond the common advantages of all others.

  ○ Those with privilege rarely understand its full impact on those who do not have privilege.

Identifying the "Isms"

○ **Racism:** Using one's institutional power to impose negative beliefs about racial differences.

○ **Ethnocentrism:** Belief in the inherent superiority of one's own group and culture accompanied by a feeling of contempt for other groups and cultures.

○ **Ageism**: Using one's institutional power to impose negative beliefs about an individual based on that person's age.

○ **Sexism**: Stereotyping of females or males, on the basis of their gender, by the gender with greater institutional power.

○ **Levelism**: Using one's institutional power to negatively impact or impose negative beliefs about an individual based on that person's organizational level, position, job function, or title.

Identifying the "Isms"

○ **Homophobia**:   Irrational and persistent fear of homosexuality, which often manifest itself in extreme rage or negative reactions toward gay or lesbian individuals.

○ **Ablism**:   Stereotyping people with disabilities as in-capable, inferior or less fortunate, which could result in a feeling of pity or awe regarding the abilities of persons with disabilities.

○ **Classism**:   Any attitude or institutional practice which subordinates people due to their economic condition.

Exercise

Looking Inside

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- Introduction/Goals

- Culture and Context

- Cultural Competence and Cultural Humility

- LUNCH ☺

- Application of Concepts

- Learn about resources related to cultural competence

Cultural Competence: What is it?

Cultural Competence

Defined as a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities. [Cross, Bazron, Dennis & Isaacs, 1989]

Achieved by translating and integrating knowledge about individuals and groups of people into specific practices and policies applied in appropriate cultural settings... producing better health outcomes. [Davis, 1997]

Cultural Competence

The ability to provide services that are perceived by clients as relevant to their needs and helpful for intervention outcomes. [Dana, 1993]

Cultural competence invites a new frame – in contrast to privilege and power as a zero sum proposition, using strategies that allow everyone to feel valued, empowered and fully engaged. Power sharing includes strategically addressing individual behaviors, institutional practices, and public policies to create equity.

Cultural Competence Ladder
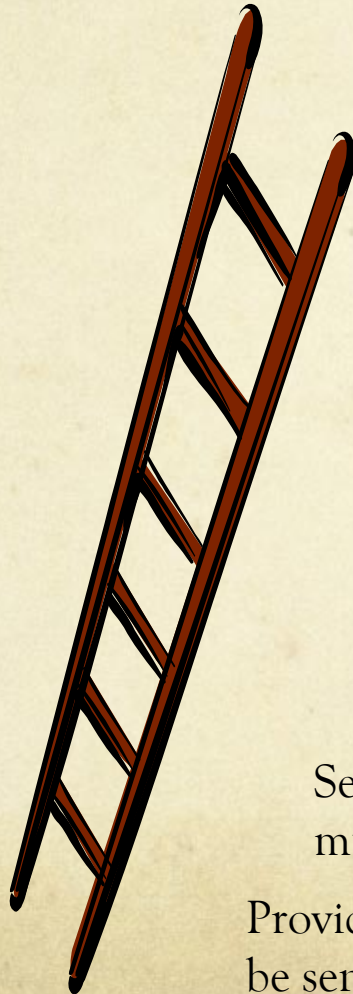
Cultural Proficiency

Cultural Competence

Cultural Pre-Competence

Cultural Blindness

Cultural Incapacity

Cultural Destructiveness

Cultural Competence Ladder
(Some examples)

Values families & their cultures & commits to educating family on issues critical to treatment success

Implement culturally competent plans & evaluates periodically for effectiveness

Solicits diversity feedback from all staff at all levels on a regular basis

Plans & implements special events assuming a shared value (i.e. Christmas party)

Sees diversity as meeting quotas, does not accept multiple perspectives

Provides paperwork in English only, refuses to be sensitive to different cultures

Cultural Competency Standards for Counselors
(Sue and Sue)

○ A culturally skilled helper is:

  ○ one who is **actively** in the process of becoming aware of his or her **own** assumptions about human behavior, values, biases, preconceived notions, personal limitations, etc.

  ○ one who actively attempts to understand the **worldview** of his or her culturally different client **without negative judgments**.

  ○ one who is in the process of actively developing and **practicing** appropriate, relevant, and sensitive intervention **strategies and skills** in working with his or her culturally different clients.

Cultural Humility: What's that?

Cultural Humility

- Philosophy that incorporates a commitment to engage in a lifelong process that individuals enter into on an ongoing basis with clients/constituents, and colleagues as well as themselves.

- Addresses the power imbalance and sees the individual or community as rich experts, teachers on the content of culture.

Cultural Humility

○ Cultural humility is a process than an ultimate goal and is often developed in stages by building upon previous knowledge and experience.

[Tervalon and Murray-Garcia, 1998]

○ Includes having institutional consistency throughout the organization i.e. hiring practices, composition of staff, and building partnership with surrounding communities.

Cultural competence

Intervention

↳ Information Knowledge

↳ Laundry list

Cultural humility

Tervalon and Murray-Garcia

Intervention

↳ Respectful partnership

↳ Skills to negotiate these differences

Essential Elements for Advocates/Counselors

○ Awareness and Acceptance of Difference

○ Self-awareness

○ Dynamics of Difference

○ Knowledge of the Client's Culture

○ Adaptation of Skills

[Spokeswoman, Vol 12, Jan-Mar 1990, Austin Center for Battered Women Volunteer Manual]

"Crash"

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Developing Self-Awareness

○ Constant "check-in or looking in" with oneself

○ Awareness of one's own biases, prejudices and assumptions

○ Supervision and consultation helps (a lot)

"Looking In"

O How do you bring your values to work and in your relationships with your clients?

O What assumptions do you make about your clients based on your sources of identity and personal values?

Danger...

○ Stereotyping

○ Assumptions

○ Biases

○ Judgment

○ Being "color blind"

Lens of curiosity

- Be respectfully curious

- Get to the "worldview" – appropriateness and not as easy

- Pay attention to the words you use

- "Hold" the concept of recovery; of hope

- Understand the context when

Take Aways

- There is no recipe

- Ongoing process; no one can ever be truly culturally competent

- Personal as well as professional responsibility

The Complexity of our Work

Context

Client/Consumer

Clinician/Advocate
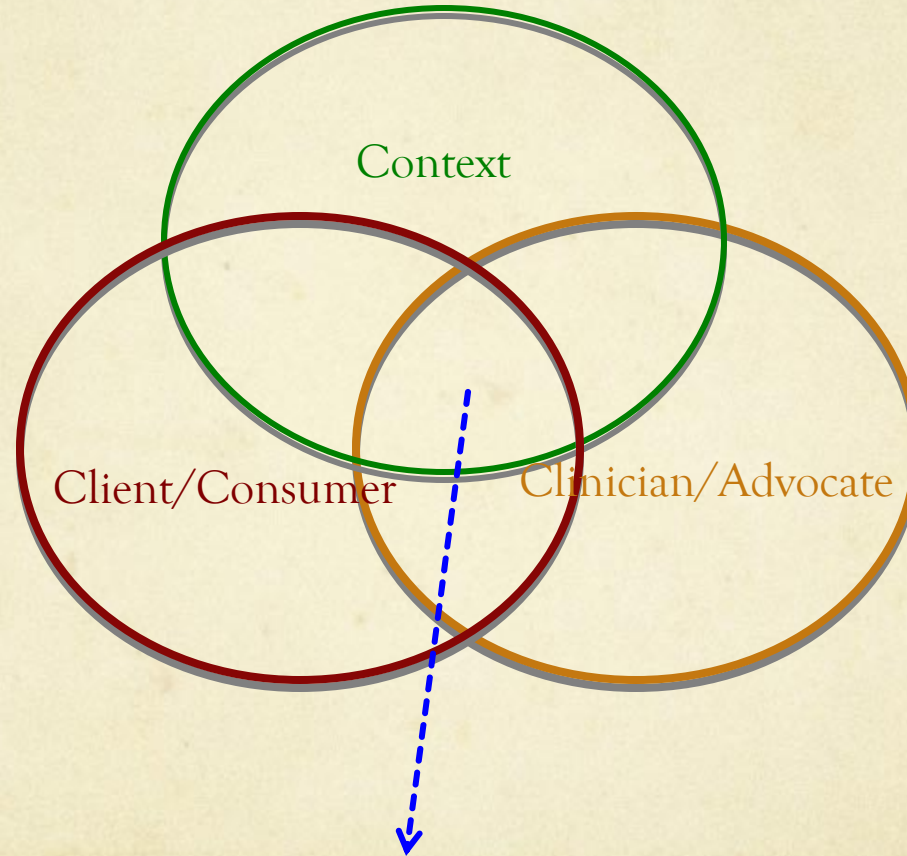
Critical moment

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Connecting the Dots

○ How do we begin to apply the concepts and put into practice what we've discussed today?

○ How do we embed cultural humility in our daily practices?

○ … in your individual roles?

○ … in your teams?

○ … as an agency?

Moving Forward

○ What kinds of questions can we use to "get to know the clients" in a culturally humble way?

○ How do we create a safe and welcoming place for them?

Our Guideposts

- Principles of Multicultural Psychiatric Rehabilitation

- **Executive Summary ---**

- USPRA recognizes the striking disparities in mental health care found for cultural, racial and ethnic minorities in the USA, and endorses these ten principles as the foundation for providing effective multicultural psychiatric rehabilitation services. This endorsement supports recommendation regarding multicultural psychiatric rehabilitation services. This endorsement supports recommendation regarding multicultural diversity published in the Mental Health:

- *A Report of the Surgeon General (1999) and Mental Health: Culture, Race, Ethnicity: Supplement to Mental Health: Report of the Surgeon General (2001).*

Principles

- **PRINCIPLE 1:** Psychiatric rehabilitation practitioners recognize that *culture is central, not peripheral, to recovery*, as culture is the context that shapes and defines all human activity.

- **PRINCIPLE 2:** Psychiatric rehabilitation practitioners study, understand, accept, and appreciate their own cultures as a basis for relating to the culture of others.

- **PRINCIPLE 3:** Psychiatric rehabilitation practitioners *engage in the development of ongoing cultural competency*, in order to increase their awareness and knowledge, and to develop the skills necessary for appropriate, effective cross-cultural interventions.

- **PRINCIPLE 4:** Psychiatric rehabilitation practitioners recognize that *thought patterns and behaviors are influenced by a person's worldview, ethnicity and culture* of which there are many. Each worldview is valid and influences how people perceive and define problems; perceive and judge the nature of help given; choose goals; and develop or support alternative solutions to identified problems.

Principles

- **PRINCIPLE 5:** Psychiatric rehabilitation practitioners recognize that discrimination and oppression exist within society; these take many forms, and are often based on perceived differences in color, physical characteristics, language, ethnicity, gender, gender identity, sexual orientation, class, disability, age and/or religion. Psychiatric rehabilitation practitioners play an active role and *are responsible for mitigating the effects of discrimination associated with these barriers* and must advocate, not only for access to opportunities and resources, but also for the elimination of all barriers that promote prejudice and discrimination.

- **PRINCIPLE 6:** Practitioners *apply the strengths/wellness approach to all cultures.*

- **PRINCIPLE 7:** Psychiatric rehabilitation practitioners show respect towards others by *accepting cultural values* and beliefs that emphasize process or product, as well as harmony or achievement. They demonstrate that respect by appreciating cultural preferences that value relationships and interdependence, in addition to individuality and independence.

Principles

- **PRINCIPLE 8:** Psychiatric rehabilitation practitioners accept that *solutions to any problem are to be sought within individuals, their families (however they define them) , and their cultures.* The person using psychiatric rehabilitation services and his/her family are sources of expanding the practitioners' knowledge about culture, how to interpret behaviors, and how to integrate these cultural perspectives into a rehabilitation/recovery plan. Alternatives identified by service providers are offered as supplementary or educational, rather than compulsory.

- **PRINCIPLE 9:** Psychiatric rehabilitation practitioners *provide interventions that are culturally syntonic,* and accommodate culturally determined strengths, needs, beliefs, values, traditions, and behaviors.

- **PRINCIPLE 10:** Psychiatric rehabilitation practitioners are responsible for *actively promoting positive inter-group relations,* particularly between the people who attend their programs and with the larger community.

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Cultural Competence Committee

- Existed for more than 10 years

- Started with primarily mental health staff

- Expanded with other divisions of the Health System, cbos, consumers
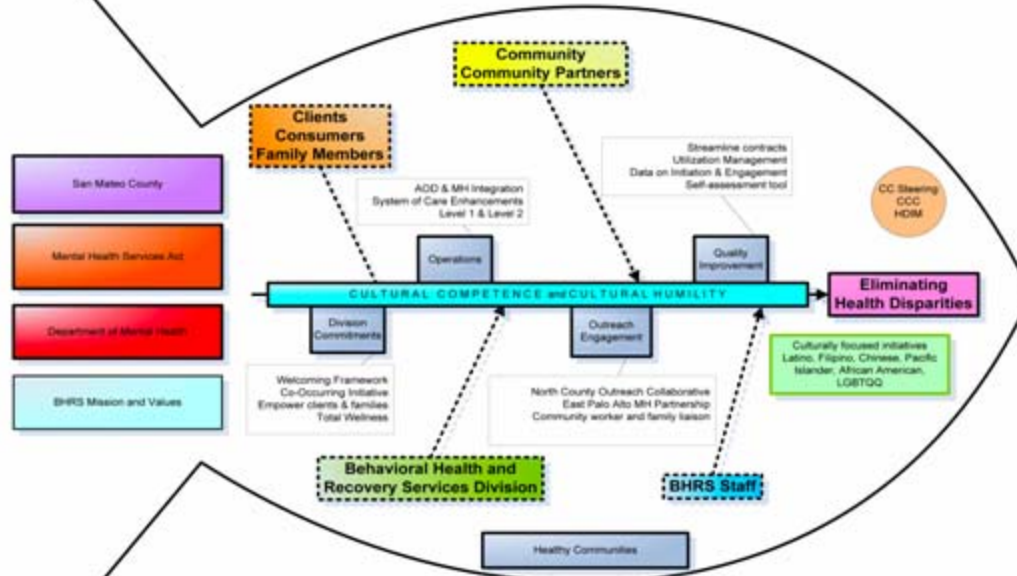
- Networking, training, venue for information and resource sharing

CCC

July 2009

Subcommittees

- Looking at hiring practices

- Legitimizing the Cultural Competence Committee

- Looking at the integration of AOD and MH

- Supporting linguistic access

"The Fish"

Linguistic Access

- Health System Policy – No Use of Minors and Interpreter Use

- Presentation to all BHRS units

- Highest usage of interpreters

- Increase in documents being translated

- Bilingual Employee Program (BEP) Pilot – main trainers with Avid; partnership with HPP (June 3 and June 10, 2009)

Language Assistance Services

San Mateo County Health Department

African American Planning Initiative

- Paper – Summary of Findings and Recommendations

- Focusing work on HR issues and recruitment of interns

- Bi-monthly meeting

- Core group of 8-10 (BHRS, STD/HIV, Medical Center, cbo)

- Half-day summit in June 2009

- Brown bag in May 09

Chinese Initiative

- Core group of 8-10 (BHRS, Aging & Adult, HSA)

- Family support group

- Radio broadcast

- Outreach – May 2-3, 2009

- Roundtable – May 21, 2009

Tsing Tao Outreach

May 2009 in Redwood City   May 2008 in San Mateo

Filipino Mental Health Initiative

- Core group of 6-8 (BHRS, PH, FH, cbo)

- Family Night (Daly City) – April 28,2009

- Provider Training – August 2009

- Partnership with the North County Outreach Collaborative

Latino Collaborative

Planning Committee:
Adelardo Ferrer, MD
Claudia Tinoco, MFT
Diana Gomez, MFT
Ellie Valdes Dwyer, LCSW
Emilio Osorio, MSW
Gloria Gutierrez
Guillermo Lopez, MFTI
Hector Robles Moncada, MSW
Jairo Wilches
Jei Africa, PsyD, MCSP, CATC
Jimi Sosa
Michelle Alvarez-Campos, MSW
Ray Ortiz
Regina Moreno, MFT
Zachary Comtois
Ziomara Ochoa, MFT

Acknowledgements:
Pancho Villa Restaurant, San Mateo
Peña's Bakery, Oakland
Music by Joe Leonor

In Celebration of Latino Heritage Month
Enjoy the Cultural Display

San Mateo County
Behavioral Health & Recovery Services
Latino Initiative Roundtable
Salud Sin Barreras
Health Without Barriers

September 16, 2008
Belmont Sports Complex
550 Island Parkway, Belmont CA 94022

Latino Initiative Roundtable is funded through the Mental Health Services Act.

- Monthly meeting
- Core group of 10-15
- Past roundtables

Latino Collaborative

Latino Family Night

30 Latino families

Pacific Islander Initiative

○ PI Advisory Council (BHRS, PAL, CHI, cbo)

○ Outreach to faith-based agencies

○ Partner with Children's Health Initiative - insurance

○ Historic Youth Summit – March 2009

PRIDE Initiative

2008 SF Pride Parade

- Bylaws

- Core of 10-13

- Subcommittees: Clinical, Policy & Data, Events

- Creation of a brochure, 2009 SF Pride Parade and booth

- Staff training – May 21 and May 26, 2009

- Networking, training

- Data gathering - VAX

PRIDE Initiative

Planning Day – April 2009

Countywide Cultural Competence Committee

- August 2007

- County Manager David Boesch

- Core group of 15-20 management level staff

- CC Standards – present to Executive Council

- OBM measure
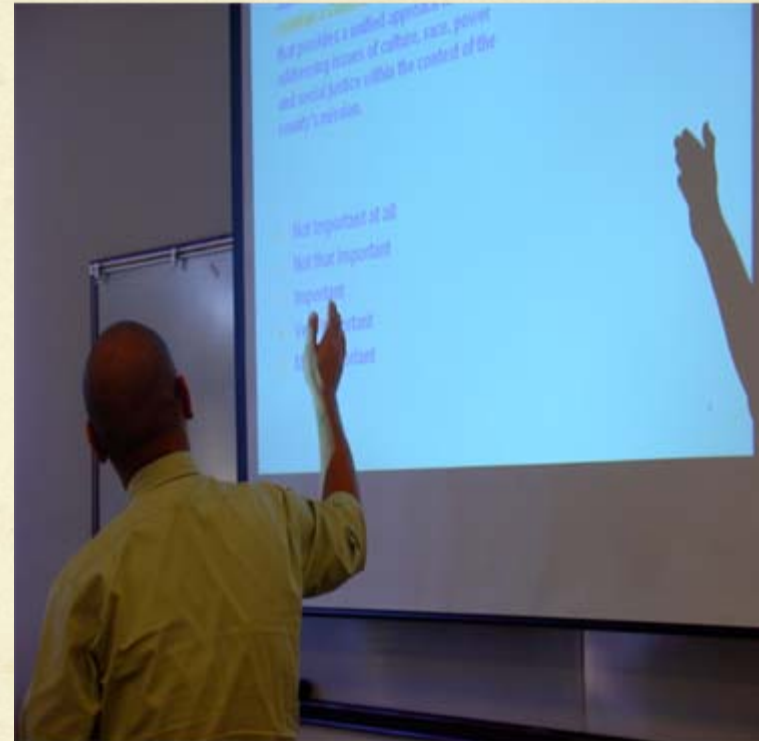
Countywide Cultural Competence Committee

○ Presentation of standards to the Executive Council – March 2009

○ Future presentation to the Board of Supervisors

○ Training with HR
  ○ June 2, 2009 – Cultural Competence as a Strategy in Addressing Health Disparities: Using Unnatural Causes
  ○ September 20, 2009 – Beyond Customer Service: Understanding the Lens of Culture
  ○ December 2009 – Management Development/Mentoring Program

Presentations/Trainings

- Average of 2-3 a month

- Cultural competence-related training, Unnatural Causes, health disparities

- Grand Rounds, Family Resource Center-HSA, Fred Finch, El Concilio of SM

- Capacity building – Family Health, Caminar

- Shift from Health Disparities to Health Inequities

Mental Health and Cultural Competence Summit

- "Embracing Social Justice and Equity to Build Healthier Communities"

- Community Planning Forum – April 10, 2009

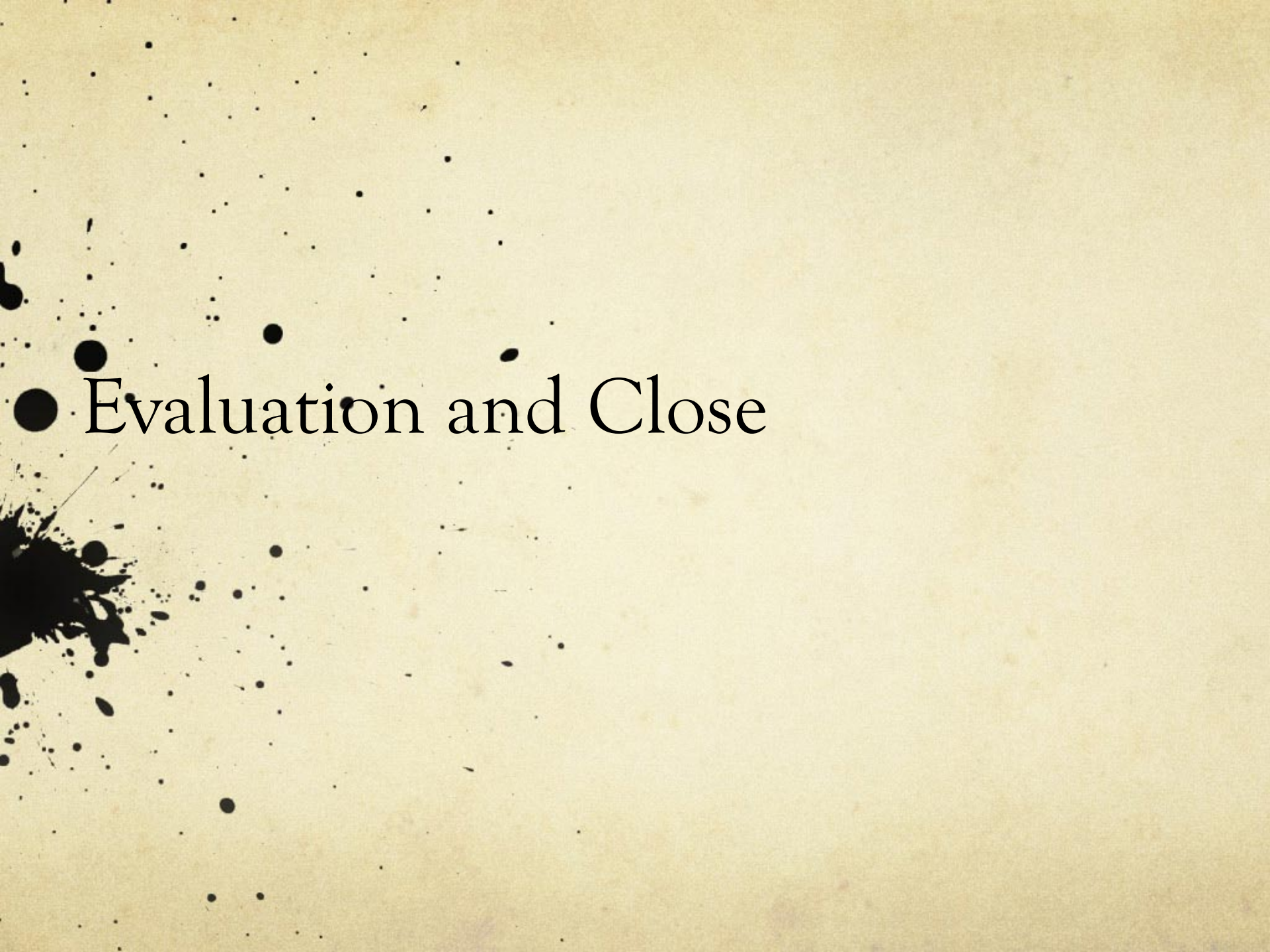- 103 participants

- November 17-18, 2009 in Burlingame, CA

Community Planning Forum

Identifying tools

Broadening partnerships

Contacts

○ For information about the Initiatives, please email or call: Jei Africa – jafrica@co.sanmateo.ca.us or 650-573-2714

○ For information about the Cultural Competence Summit XVI in November, please email: culturalcompetencesummit2009@co.sanmateo.ca.us

Evaluation and Close