CULTURAL COMPETENCY/DIVERSITY

Training Topics:

Cultural Competence

Language Competence

Sexual and Gender-Based

Social Determinants of Health

Ageism

Learning Cultural Competence

CULTURAL COMPETENCY BASICS

As an equal opportunity employer, we are proud to provide quality in-home care services to clients in need regardless of age, race, religion, gender, gender identity or expression, ancestry, sexual orientation or identification, veteran status, medical or mental condition, AIDS or AIDS-related conditions or national origin.

We require that services provided to our clients be provided in a culturally competent manner.

It is the policy of the Agency to admit and provide services for all clients without regard to race, color, national origin, or religious creed. The By-laws of the Agency comply fully with Section 601 of Title VI of the Civil Rights Act of 1964 and with Oregon human relations legislation. The Agency agrees to comply with the provision of the Civil Rights Act of 1964 and all requirements imposed pursuant thereto. To that end, no person will, on grounds of race, sex, age, color, national origin, sexual orientation, religious creed, ability to pay, AIDS or AIDS related conditions or DNR status or disability, be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination in the provision of any services.

WHAT IS CULTURE?

Culture refers to the behaviors, language, customs, arts, morals, knowledge, and beliefs of a particular group of people. This group could be a national, ethnic, racial, religious, geographic, age-related, or other social nature.

Be mindful that not all individuals within any group can be defined by that group's perceived culture norms. Imposing your understanding of a group's culture on any individual you believe falls with that group is the hallmark of implicit or unconscious bias.

Implicit bias is the conscious application of attitudes or stereotypes toward a group of people that impacts our decisions and actions. Without realizing it, we all have hidden biases, whether favorable or unfavorable, that influence our behavior. No one is immune from implicit bias however it can be harmful.

WHAT IS CULTURAL COMPETENCY IN HEALTHCARE?

Cultural competency in healthcare is the ability of providers and organizations to effectively deliver healthcare services that meet the social, cultural, and linguistic needs of our clients. Cultural competence is the cornerstone of providing superior care for people of all cultures.

WHAT ARE THE BENEFITS OF CULTURAL COMPETENCY?

Cultural competency is important to:

1. respond to demographic changes in the United States

2. eliminate disparities in the health status of people based on racial, ethnic, and cultural backgrounds.

3. improve quality services and outcomes.

4. meet legislative, regulatory and accreditation mandates.

5. create a competitive edge in the marketplace and decrease the likelihood of liability claims.

CULTURAL DIFFERENCES

Cultural differences can create confusion and misunderstandings:

1. Innocent remarks or actions may unintentionally insult or anger a person from a different culture.

2. Failure to understand cultural differences can cause misunderstandings and create barriers to obtaining appropriate care.

3. Different cultures may be suspicious of Western medicine and may fail to follow a prescribed treatment plan.

4. Individuals from certain cultures may hesitate to ask questions even when they don't understand.

HOW CULTURE INFLUENCES CARE

Culture and language may influence:

1. Health, healing, and wellness belief systems.

2. How illness, disease, and their causes are perceived.

3. The behaviors of patients seeking health care and their attitudes toward healthcare providers.

4. How clients present their problems, situations, and information to others.

5. How clients respond to interventions and care/service plans.

6. Staff members who at the world through their own limited set of values may create access barriers for patients from other cultures.

Your level of awareness and mindfulness of your own implicit biases helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect, objectivity, and identity.

LANGUAGE COMPETENCE/COMMUNICATION BARRIERS

Staff members must be able to communicate effectively with diverse audiences including persons with limited English proficiency, who are not literate or with low literacy skills, with disabilities, or who are deaf or hard of hearing. For example, service agreements must be written in a manner that is understandable to the client.

Our agency must provide free communication assistance to meet the special needs of our clients. We can meet these needs through but not limited to:

1. The use of an interpreter

2. Translation of forms and documents upon request or identification of the need

3. Providing large print materials for persons with limited eyesight

4. Providing the clients the ability to speak with an agency staff member to review materials, forms, or answer questions in person or over the telephone.

Our agency is required to take reasonable steps to provide access to clients with disabilities or limited English proficiency. These reasonable steps are outlined in our Accommodations Policy.

SEXUAL AND GENDER-BASED

Gender Identity Terminology

Basic Terminology

Sexual Orientation- How people locate themselves on the spectrum of attraction. It is important to note that sexual orientation describes attraction and is different from gender identity or gender expression.

Gender Identity- One's basic sense of themselves as being male, female, or non-binary, identifying as a combination of both male and female, neither male nor female, or outside these categories altogether. Gender identity can be congruent or incongruent with one's sex assigned at birth based on the appearance of external genitalia.

Gender Expression- Characteristics in appearance, personality, and behavior, culturally defined as masculine or feminine.

Gender-Expansive- Individuals who do not conform to their culture's expectations for males or females. Being transgender is one way of being gender-expansive, but not all gender-expansive people are transgender.

Non-Binary- Individuals who don't identify as male or female. Often use they/them/their pronouns.

Terminology for Sex Assigned at Birth

Assigned Male at Birth (AMAB)- Individuals believed to be male when born and initially raised as male.

Assigned Female at Birth (AFAB)- Individuals believed to be female when born and initially raised as female.

Intersex- Individuals whose anatomy develops differently than typical for either males or females.

Sexual Orientation and Gender Identity Terminology

LGBTQAI+ : An umbrella term that generally refers to a group who are diverse regarding their gender identity, gender expression and/or sexual orientation.

Lesbian: A woman who is emotionally, romantically, or sexually attracted to other women.

Bi-sexual: A person emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity though not necessarily simultaneously, in the same way or degree.

Transgender: Adults and children whose gender identity or gender expression doesn't match their sex assigned at birth. Includes transgender women/girls, transgender men/boys, and non-binary people.

Transgender Men/Boys: Individuals assigned female at birth who identify and express themselves as male.

Transgender Women/Girls: Individuals assigned male at birth who identify and express themselves as female.

Queer: A term people often use to express fluid identities and orientations.

Asexual: The lack of a sexual attraction or desire for other people.

+: All other sexualities, sexes, and genders that aren't included in these few letters.

A person's gender identity or gender expression is separate and distinct from their sexual orientation.

A transgender person can identify as straight, gay, lesbian, bisexual, or other sexual orientation.

FACTS TO REMEMBER

Unfortunately, of the one in four LGBTQ persons reporting sexual orientation or gender-identity-based discrimination, nearly 70% reported a negative impact on their psychological well-being. Because many members of the LGBTQ community experience verbal or physical abuse and/or rejection by their families and communities, they may have a heightened level of anxiety in communications and discussions involving their sexual orientation and/or gender-identity. A 2017 survey shows that 8% of LGBTQ people and 22% of transgender people avoided or postponed necessary medical care because of disrespect or discrimination from health care staff.

Pay attention to and mirror the member's language when they refer to themselves and loved ones.

Refer to "relationship status" in place of "marital status."

Don't impose your perceptions. Many LGBTQ people don't fit stereotypes.

Understand that being open about their sexuality is different from expressing attraction to you.

Sharing a member's personal health information, including sexual orientation or gender identity is a violation of HIPAA.

These members have a unique set of challenges in society and may or may not want medical interventions.

IF YOU DON'T KNOW…ASK!!!

The term "misgendering" refers to the intentional or unintentional use of language in reference to any person that is inconsistent with their gender identity. Even unintentional misgendering can cause a feeling of stigma that negatively impacts the person's sense of self and their confidence. It is appropriate to respectfully ask questions to avoid misgendering:

1. What pronouns do you use? They/Them/Their – or – He/Him/His – or – She/Her/Hers

2. Is there another name you would like me to use?

3. How do you identify?

GENDER NONCOMFORMITY DOES NOT EQUAL GENDER DYSPHORIA

Gender nonconformity: The extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex.

Gender dysphoria: A clinical diagnosis of psychological distress or discomfort that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth.

SOCIAL DETERMINANTS OF HEALTH AND IMPACT ON CARE

Social determinants can impact a member's care. Social determinants include:

• Social factors that may impact freedom from racism and other forms of discrimination

• Economic challenges, such as job opportunities and food security

• Physical environment, including access to housing, safety, transportation, and health care

• Psychosocial concerns that may lead to social isolation due to lack of social networks and civic engagement

• Psychological well-being that leads to self-esteem and hopefulness

SOCIAL DETERMINANTS OF HEALTH

Economic Stability: employment, income, expenses, debt, medical bills, support

Neighborhood and Physical Environment: housing, transportation, safety, parks, playgrounds, walkability

Education: literacy, language, early childhood education, vocational training, higher education

Food: hunger, access to health options

Community and Social Context: social integration, support systems, community engagement, discrimination

Health Care System: health coverage, provider availability, provider linguistic and cultural competence, quality of care

Examples of how social determinants can impact care:

A client may not be obtaining preventive care like regular mammograms. When asked why the services are not complete, it is found that the client does not have reliable transportation to the hospital.

A client may be non-adherent to a prescribed drug therapy. When questioned, it is found that the client is unable to pay for his prescription drug co-payments.

A client's recovery from knee replacement surgery is not progressing well as the wound is not healing. When asked about their diet, it is discovered that their income is limited, and no one is available to do the shopping. These concerns have resulted in food insecurity thus hindering the healing process.

During the referral and admission process to our agency we assess for concerns surrounding possible or actual disparities.

AGEISM AND WHY IT MATTERS

Ageism is the specific use of negative and/or derogatory images to discriminate against a certain population group: Grumpy, frail and sick are words often used to describe the elderly. The media perpetuates these negative images in film and on television, lumping all elderly persons together as a single category.

Ageism can result in the following:

• The perception that older adults are a burden to family members

• Difficulty for an older adult to gain or maintain employment

• Limitations in access to health care as a result of physicians reluctant to treat complex health conditions and the complexity of the Medicare system

• The perception that older adults are a social burden

LEARNING CULTURAL COMPETENCE

National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) was developed by the U.S. Department of Health and Human Services to guide providers of health care. These standards include six basic steps:

1. Recognize and accept that all types of cultures have a profound influence on our lives.

2. Be aware that oppression is pervasive in our society and that it is part of our history and affects our relationships.

3. Understand that cultural differences exist and learn to accept and respect what we may not always understand.

4. Accept that we cannot know everything about other cultures, and never will.

5. Commit to learn about the groups and patients that we serve and those with whom we work in every way possible.

6. Identify and confront personal resistance, anger, and fear as we seek to gain insight and knowledge about a particular culture or group.

LEARN

Berlin and Fowkes designed the LEARN system for conducting a cultural assessment:

• Listen to the client's perception of their presenting problem.

• Explain your perception of the client's problem to determine if it is physiological, psychological, spiritual and/or cultural.

• Acknowledge the similarities and differences between the client's perceptions and your perceptions.

• Recommend – Recommendations are built upon the knowledge gained from the first three steps. Culture will affect the recommendations, and the client must be involved in this process.

• Negotiate – In some instances, the client may require negotiating a treatment plan. Healthcare workers must be sensitive to the cultural practices of each client.

PILLARS TO BUILD CULTURAL COMPETENCY

Knowledge- seek information on shared traditions and values of each cultural group

Attitude- Develop a level of awareness in yourself and our clients with respect to stereotypes, rules of interaction and communication customs

Skills- Develop a skill set to increase your cultural competency, such as focusing on communication and conflict resolution

Cultural Competence requires consistency and practice. You will need to:

1. Ask questions and learn what answers mean in different cultures.

2. Use clear, descriptive communication.

3. Keep an open mind.

4. Be aware of situations in which you may portray a lack of sensitivity.

5. Seek out coworkers or peers of different cultures to learn more about interacting and respecting differences.

RESOURCE

National CLAS Standards: https://thinkculturalhealth.hhs.gov/clas

CULTURAL COMPETENCE IN-SERVICE TEST

NAME: _____ DATE: _____ SCORE: _____

1. It is the policy of the agency to admit and provide services for all clients without regard to race, color, national origin, or religious creed.

a. T

b. F

2. Culture refers to the behaviors, language, customs, arts, morals, knowledge, and beliefs of a particular group of people.

a. T

b. F

3. Implicit bias is the conscious application of attitudes or stereotypes toward a group of people that impacts our decisions and actions.

a. T

b. F

4. Cultural competency is important to:

a. respond to demographic changes in the United States

b. eliminate disparities in the health status of people based on racial, ethnic, and cultural backgrounds.

c. improve quality services and outcomes.

d. all of the above

5. Culture and language may influence:

a. Health, healing, and wellness belief systems.

b. How illness, disease, and their causes are perceived.

c. The behaviors of patients seeking health care and their attitudes toward healthcare providers.

d. all of the above

6. Our agency must provide free communication assistance to meet the special needs of our clients.

a. T

b. F

7. A person's gender identity or gender expression is separate and distinct from their sexual orientation.

a. T

b. F

8. The term "misgendering" refers to the intentional or unintentional use of language in reference to any person that is inconsistent with their gender identity.

a. T

b. F

9. Ageism is the specific use of negative and/or derogatory images to discriminate against a certain population group.

a. T

b. F

10. Cultural Competence requires consistency and practice. You will need to be aware of situations in which you may portray a lack of sensitivity.

a. T

b. F