



Optum Idaho

Cultural Competency Considerations and Competency Training

Cultural Sensitivity and Competency

Training Objectives

- Define cultural competence and its importance to providing care, services or treatment to a culturally diverse population.
- Introduce **C**ulturally and **L**inguistically **A**ppropriate **S**ervices or **CLAS** standards for cultural competency.
- Describe the impact of health disparities that minorities face in Idaho.
- Describe attributes of various cultures in the state of Idaho.
- Describe some unique medical and behavioral health issues for these respective cultures.
- Provide the framework necessary for more in-depth understanding that is required to establish a culturally competent practice and/or organization.

Empathy

We respectfully seek understanding through reflective listening of member's feelings and perspectives without judging, criticizing, or blaming.

-- *Carl Rogers*

Empathy requires **sensitivity**, and it requires the **imagination** to consider experiences beyond your own.

We do not need to identify with an individual to express empathy.

We need to only listen and understand.

Optum Idaho: An Introduction to Cultural Considerations

Important Terms and Definitions

- **Culture:** the shared values, norms, traditions, customs, arts, history, folklore and institutions of a group of people.
- **Race:** class or kind of people unified by shared interests, habits, or characteristics.
- **Ethnicity:** of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin or background. *
- **Cultural Competency:** in health care, this is the communication bridge that enables organizations and practitioners **to respond appropriately to and directly serve the unique needs of populations whose cultures may be different than the prevailing culture.**

Optum Idaho: An Introduction to Cultural Considerations

Important Terms and Definitions

- **Cross-cultural:** one culture interacting with another.
- **Acculturation:** a cultural modification of an individual or group, by borrowing and adopting traits from another (usually dominant) culture.
- **Linguistics:** the study of human speech including the units, natures, structure and modification of languages. Not only do we need to consider our cultural competence, we must be “linguistically competent”.
- **LEP:** Limited English Proficiency, a way to describe those individuals who may have some English-speaking ability, or none at all.

Importance and Value of Cultural Competence

- Cultural competency plays a vital part in realizing our goal of supporting members' recovery and resiliency.
- We recognize that a person's cultural norms, values and beliefs shape how they use and approach behavioral health care services.

Origination of CLAS Standards

- The Department of Health and Human Services is responsible for the Office of Minority Health (OMH).
- OMH was mandated by Congress in 1994 to:
 - Develop the capacity of health care professionals to address the cultural and linguistic barriers to health care delivery.
 - Increase limited English-speaking individuals' access to health care.
- The Center for Linguistic and Cultural Competency in Health Care (CLCCHC) was created in response to OMH mandates.
 - CLCCHC has developed recommendations for national standards for CLAS which we follow.

CLAS Standards

- **CLAS Standards**
- CLAS = **C**ulturally and **L**inguistically **A**ppropriate **S**ervices in Healthcare
- Includes 14 standards that have to do with:
 - Culturally competent care (Standards 1-3)
 - Language accessible services (Standards 4-7)
 - Organizational Support for Cultural Competence (Standards 8-14)
- The 14 Standards are included in the next four slides for your reference.
- To access the full report go to:
<http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf>

CLAS Standards

- **Standard 1** - Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
- **Standard 2** - Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
- **Standard 3** - Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
- **Standard 4** - Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient or consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

CLAS Standards

- **Standard 5** - Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
- **Standard 6** - Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should **not** be used to provide interpretation services (**except** on request by the patient/consumer).
- **Standard 7** - Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
- **Standard 8** - Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

CLAS Standards

- **Standard 12** - Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS related activities.
- **Standard 13** - Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.
- **Standard 14** - Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

Understanding Cultural Variables

Numerous cultural variables influence the way in which a person seeks and uses behavioral health services and the manner in which a person approaches and manages recovery:

- **Ethnicity**
- **Race**
- **Sexual orientation**
- **Gender Identity**
- **Age**
- **Socio- economic status**
- **Primary language**
- **English proficiency**
- **Spirituality and religion**
- **Country of origin**
- **Literacy level**
- **Employment status**
- **Geographic location**
- **Cognitive and physical ability level**
- **Immigration status**
- **Criminal justice involvement**

Trauma

- Optum understands that exposure to traumatic events leads individuals to be more acutely sensitive to their environment: to the **conditions under** which people grew up, to **how they live** today, and to the **journeys** they have taken along the way.
- Understand trauma as it relates to each area of cultural competency.
- It is important to recognize cultural biases and historical trauma experienced by many ethnic groups, as well as spirituality and religion.

Your Mindset—It starts with you!

- As we interact with diverse cultures, we must first examine our own beliefs and prejudices.
- The competent professional cultivates a non-judgmental attitude of respect, interest and inquiry.
- Superficial knowledge of cultures other than our own can sometimes lead to stereotyping, which can lead to inaccurate perceptions.

We must become culturally open.

Your Mindset — Key Points

- Remember that statistics do not apply to individuals.
- Information about cultures should be your guide, not the rulebook.
- There is no strict profile that applies to one culture or another.
- There are differences within cultures, and from generation to generation.
- We have to evaluate each person using a number of cultural clues.
- We need to ask questions in a culturally sensitive fashion.

Your Mindset — Becoming Aware

- Be aware of personal attitudes, belief systems, biases and behavior that may influence your interactions with clients or consumers.
- These may be conscious or unconscious attitudes, beliefs, biases or behaviors.
- Cultural sensitivity and cultural competence require an honest assessment of our positive and negative assumptions about others.
- We need to bring these thoughts to the surface and examine them.
- This will help us **create new mental models of our Members**, and contribute to the quality of care or service we provide.
- A good way to describe how we should interact with other cultures is to act with **“cultural humility”**.

Examine our own beliefs and prejudices

Your Actions: Zeroing In

There are some specific things that can influence your interventions. For example, as a clinician, you might be influenced by:

- What the individual believes caused his/her illness?
 - Some individuals might think their illness was a punishment or the will of God, and not related to something they did or didn't do.
- What remedies have been tried?
 - Some individuals may practice cultural rituals or beliefs, sometimes referred to as “folklore medicine”. It is important to find out what they have been doing to move forward with a treatment plan.
- Will he/she be able to read the instructions on your medicine bottle?
 - If an individual is Limited English Proficiency, they may have difficulty adhering to a medicine schedule if they don't understand the instructions. You will need to assess what assistance their family or friends can provide

continued

Examine our own beliefs and prejudices *continued*

Your Actions: Zeroing in

- Be aware of your time with the Member.
 - Many cultures place a different value on time than the busy Western healthcare provider. Acting in a hurried or impatient manner can seem like a sign of disrespect.
 - Take time to ask questions and listen.
- How does the Member and/or their family view time?
 - Certain cultures have a loose concept of time. Some cultures may connect time to certain activities of the day. This may be important for medicine adherence, where the consumer may be better connecting the time of dosage to an activity rather than a specific hour.
- Is the family, the individual, or the community the focal point for managing illness?
 - For example: Many American Indian populations involve the entire community in ceremonial and ritual practices that are integral to health and healing.

Idaho Diversity Profile

- According to the 2011 U.S. Census, Caucasians continue to be the dominant demographic group in Idaho and comprise **83.6% of the total population**.
- In 2011, Idaho's general population was comprised of the following percentages of various racial and ethnic minorities:
 - White persons, **93.7%**
 - Persons of Hispanic or Latino Origin, **11.8%**
 - American Indian and Alaska Native persons, **1.7%**
 - Asian persons, **1.4%**
 - Black persons, **0.8%**
 - Native Hawaiian and other Pacific Islander persons, **0.2%**
 - Persons reporting two or more races, **2.2%**
- The most common reported ancestries in the state are: **German** (18.9%), **English** (18.1%), **Irish** (10%), **American** (8.4%), **Norwegian** (3.6%), and **Swedish** (3.5%).

US Census Bureau 2013 (a), (b) <http://quickfacts.census.gov/qfd/states/16000.html>

Hispanic/Latino Cultures

- **Some general beliefs and attributes** across the Hispanic cultures:
- **Respect** - They value respect or “respeto”; the use of formal names is important, e.g. Señor or Señora.
- **Personal connections** - They value “personalismo”, or creating personal connections with people; warm and friendly gestures, genuine interest, sitting close to listen, leaning forward.
- **Family** - Or “la familia” is involved in health care; cures require family participation and support.
- **Gender** - They have a traditional sense of gender roles.
- **Time** - Global or indefinite sense of time; they can link an event not by time but by an occurrence, such as a holiday or celebration.
- **Group** - There is an emphasis on the importance of the group rather than on the individual.
- **Spiritual** - Many Hispanics are Catholic, and/or are highly spiritual.
- **Anger** - There is a tendency among many Hispanics to avoid direct expressions of anger and confrontation.

Hispanic/Latino Cultures: Mental Health

- In general, the rate of mental disorders is similar to non-Hispanic white Americans
- Completed suicides among adult Hispanics are about half as prevalent as among non-Hispanic whites.*
- Hispanic youth experience a higher incidence of suicidal ideation than Anglos or African American youth.*
- Latino youth experience higher rate of anxiety-related and delinquency problem behaviors, depression and drug use than do non-Hispanic white youth.
 - There is a significantly higher incidence of PTSD among the immigrant Mexican population.
- Hispanics may encounter some culture-bound syndromes, such as:
 - **Susto** (fright)
 - **Nervios** (nerves)
 - **Mal de ojo** (evil eye)
 - **Ataque de nervios** which may include screaming, crying, trembling, agressions, dissociation, fainting, suicide gestures.

*CDC, June 2004

African Americans: Mental Health

- African Americans are less likely to suffer from major depression and more likely to suffer from phobias than non-Hispanic whites.
- Somatization is more common among African Americans (15%) than among non-Hispanic whites.
- Non-Hispanic whites are twice as likely to commit suicide than African Americans, but:
 - Suicide rates among young black men are as high as those among young white men.
- African Americans experience some culture-bound syndromes, such as:
 - Sleep paralysis — inability to move while falling asleep or waking up.
 - Falling out — a sudden collapse sometime preceded by dizziness.

African Americans Mental Health Care Seeking Patterns

- African Americans share the same mental health issues as the rest of the population, with arguably even greater stressors due to **racism**, prejudice, and economic disparities.
- African Americans **shy** away from **psychotherapy** as a potential solution to challenges such as **depression**, anxiety, **post-traumatic stress disorder**, **marriage** problems, and **parenting** issues.
- Many African Americans are reluctant to make use of psychology's solutions to emotional hurdles.
 - Stigma and judgment.
 - Concerns about therapist or treatment process (or effectiveness).
 - Cost of treatment and lack of insurance coverage.

Psychology Today: November 2, 2011, Monica T. Williams, PhD in Culturally Speaking

American Indian/Alaska Native: Mental Health

- 1.5% of the population (4.1 million people) identify as American Indian or Alaskan Native (AI/AN).
- There are 561 recognized tribes.
- There are 200 indigenous Indian languages.
- >50% now live in urban, suburban, or non-reservation rural areas.
- A **tribe** is generally defined as a body of people joined for social, geographical, cultural or political reasons.
- A **reservation** indicates federally recognized land that was “reserved” for Indian people during land cession.
- A **pueblo** is a federally recognized Native American community that was originally designated by Spain and/or by Mexico.

American Indian/Alaska Native: Mental Health

- The DSM has limited relevance within the American Indian culture.
- The individual's expectations and role, and functioning within his/her community is an essential context for evaluating mental health concerns.
- The experience of violence increases the risks for substance abuse, PTSD, etc.
- Violent deaths account for 75% of all mortality in the second decade of life.

American Indian/Alaska Native: Mental Health

- Prevalence for alcohol abuse and/or dependence among Northern Plains and Southwestern veterans is as high as 70% compared to 11-32% among counterparts in other populations.
- PTSD among AI/AN Vietnam veterans is 45-57%.
- The adult suicide rate is 1.5 times the national rate.
- Among American Indian youth, the **suicide rate is 2-3 times the national average.**
- Suicide and homicide are the **leading causes** of death among American Indian youth.

Idaho Native American Indian Population

According to the Idaho Blue Book published by the Secretary of State, Idaho is home to six federally recognized Tribes which collectively comprise 1.4% of Idaho's population:

- 1. The Coeur d'Alene Tribe**
- 2. The Kootenai Tribe**
- 3. The Nez Perce Tribe**
- 4. The Shoshone-Bannock Tribes**
- 5. The Northwestern Band of the Shoshone Nation**
- 6. Shoshone-Pauite Tribes of the Duck Valley Indian Reservation**

American Indian/Alaska Native and Cultural Etiquette

Cultural Etiquette :

- Ask how the community refers to itself.
- Communicate respect and openness.
- Be comfortable with silence or long pauses in conversation.
- Use casual conversation, self-disclosure to establish rapport.
- Avoid jargon.
- Admit limited knowledge of the culture.
- Ask questions.
- Accept the offer of food or beverage.
- Respect confidentiality and the right of the tribe to control information.

Lesbian, Gay, Bisexual, Transgender, Questioning and Intersexed (LGBTQI)

- Between 1.4 and 4.3% of women in US are LGBTQI.
- Between 2.8 and 9.1% of men in US are LGBTQI.
- The LGBTQI population is as culturally diverse.

Mental Health for LGBTQI individuals:

- Gay men experience higher rates of depression and anxiety than the general population.
- Adolescents and young adult LGBTQI may be at higher risk of suicide, perhaps as a result of conflicts about developing sexual identity.
- LGBTQI may use more illicit drugs, especially amyl nitrate, marijuana, Ecstasy, and methamphetamines.

Stigma, lack of cultural sensitivity, and reluctance to address sexuality may hamper effective treatment.

Behavioral Health Disparities

All Americans do not share equally in the hope for recovery from mental illness.

“Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity, age, sexual orientation and gender.” *

*DHHS, 1999, p.vi;

Behavioral Health Disparities

Striking Disparities for Minorities

- Less access to and availability of mental health services.
- Less likely to receive needed mental health services.
- Often receive a poorer quality of mental health care.
- Underrepresented in mental health research.

These disparities impose a greater disability burden on minorities.

Your Guidelines: General Principles

Here is the **top ten list** for improving the cross cultural relationship:

1. **Do not “do unto others”**: as you would have done to you. This does not work across all cultures!
2. **Be more formal**: use last names to show respect.
3. **Visual contact**: don't be put off if they don't look you in the eye.
4. **No assumptions**: make no assumptions about a person's concepts of health, illness or means to prevent or cure.
5. **No laughing**: or joking about beliefs. Be non-judgmental.
6. **Never discount beliefs**: of folk healers, faith healers, alternative medicine/treatments and the effect on your member's health and wellbeing.
7. **Question indirectly**: about beliefs in the supernatural or non-traditional forms of cure.
8. **Family**: evaluate the value of involving the entire family in treatment.
9. **Bad news**: be restrained in relating bad news, or going into too much detail about complications.
10. **Incorporate elements**: of the person's alternative or folk medicine when not contraindicated.

THANK YOU

Thank you for completing this course on an Introduction to Cultural Competencies.

“It is not our differences that divide us...It is our inability to recognize, accept, and celebrate those differences...”

Audre Lorde, American Teacher, Poet and Activist (1934 — 1992)

