

Knowledge, Skills, and Abilities Essential to Cultural Competence

Knowledge of the:

- culture, history, traditions, values, and family systems of culturally diverse customers.
- impact of culture on the behaviors, attitudes, values, and health status of customers.
- help-seeking behaviors of culturally diverse customers..
- roles of language, speech patterns, and communication styles in culturally distinct communities.
- social, environmental, and health plan policies on culturally diverse customers.
- resources (for example, agencies, persons, and helping networks) which can be utilized on behalf of culturally diverse customers and communities
- ways in which professional values may conflict with or accommodate the needs of culturally diverse customers.

Skills

- Personal qualities that reflect genuineness, empathy, warmth, and a capacity to respond flexibly to a range of possible situations
- Acceptance of cultural differences between people
- Explicit understanding of the employee's personal values, stereotypes, and biases about their own and others' culture
- Techniques for learning and adapting to the personal and cultural patterns of customers and their impact on adherence to prescribed intervention strategies
- Capacity to work with family members and friends of customers in communicating the nature of health and environmental conditions and recommended intervention strategies

Ability to:

- communicate accurate information on behalf of culturally diverse customers and communities.
- discuss cultural differences and issues openly, and to respond to culturally-based cues.
- assess the meaning culture has for individual cultures.
- interpret the implications of evidence of problems as they are expressed by customers from different cultures.
- work effectively with an interpreter to obtain information from a customer.
- evaluate new techniques, research, and knowledge regarding their application in working with culturally diverse customers.
- secure an appropriate level of cooperation with strategies and services.

Tirso, M.D. Tools for Monitoring Cultural Competence in Health Care. San Francisco, CA: Latino Coalition for a Healthy California. 1996.

Steps for Becoming Culturally Competent

1. Personal recognition and acceptance that all types of cultures have profound influence on our lives.
2. Personal awareness that oppression is pervasive in our society. It is part of our history and, as much as we may want to escape that fact, it colors our relationships.
3. The acceptance that there are cultural differences and we need to learn to respect what we may not always understand.
4. Have the humility to accept that we do not know everything about other cultures, and never will. We, therefore, need to ascertain what it is we need to know about the specific groups with whom we are working.
5. A willingness to pursue that information in all of the ways available to us.
6. When we are unable to do any of the above, having the courage to identify and confront our personal resistance, anger, and especially, our fears.

Auger, S. and Colindres, M. Latino Cultural Competency Training Curriculum. Raleigh, NC: North Carolina's Women's Preventive Health Branch, Division of Maternal and Child Health, North Carolina Department of Environment, Health, and Natural Resources. 1994.

Characteristics of the Culturally Skilled Employee

1. The employee is aware of own assumptions, values, and biases, and:

- has moved from being culturally unaware to being aware and sensitive to his/her own cultural heritage and to valuing and respecting differences;
- is aware of how they may affect patients from culturally diverse backgrounds;
- is comfortable with differences that exist between themselves and their customers in terms of race, culture, and beliefs;
- is sensitive to circumstances that may dictate referral of customers to a member of his/her own race/culture or to another provider;
- acknowledges his/her own cultural attitudes, beliefs, and feelings.

2. The employee understands the world view of customers from different cultures and:

- possesses specific knowledge and information about the particular group he/she is working with;
- has a good understanding of the sociopolitical system's operation in the United States with respect to its treatment of individuals from culturally diverse backgrounds;
- has a clear and explicit knowledge and understanding of how the "public health and environmental culture" fits within the frame of reference of the customer's culture;
- is aware of institutional and socioeconomic barriers that prevent people from culturally diverse groups from accessing and using public health and environmental services.

3. The employee understands the need to acquire and develop appropriate strategies and skills and:

- recognizes the need to develop and adapt a new set of approaches in order to be able to provide appropriate service for customers of diverse cultural backgrounds;
- is able to generate, send, and receive a wide variety of appropriate and accurate verbal and nonverbal messages;
- is able to exercise institutional intervention skills on behalf of his/her customer when appropriate;
- is aware of his/her helping style, recognizes the limitations he/she possesses, and can anticipate the impact on patients from different cultural backgrounds.

Guiding Principles of Culturally Competent Service Adaptations

1. The family, as defined by each culture, is the primary system of support.
2. Customers make choices based on cultural forces, which must be considered if services are to be helpful and appropriate.
3. Inherent in cross-cultural interactions are dynamics that must be acknowledged, adjusted to, and accepted.
4. The system of public health and environmental services must sanction, and in some cases mandate, the incorporation of cultural knowledge into practice and policy making.
5. Cultural competence involves determining a customer's culture in order to apply the principle of "start where the customer is."
6. Cultural competence consists of the recognition that, in order to provide individualized services, customers must be viewed within the cultural context of the cultural group and their experience of being part of that group.
7. Accepting the customer's culture as it really is, without judgement, and adapting service delivery to fit the context within which the customer functions is included in cultural competence.
8. Working in conjunction with natural, informal support, and helping networks within the community, such as churches, spiritual leaders, and healers, is incorporated within culturally competent services.
9. Culturally competent services seek to match the needs and help-seeking behavior of the customer.
10. Community control of service delivery through customer participation on boards of directors, administrative teams, and program planning and evaluation committees is essential to the development of effective and appropriate services.
11. Staffing patterns that reflect the makeup of the potential customer populations, adjusted for the degree of community need, helps ensure the delivery of effective and appropriate services.

Cross, T., et al. Towards a Culturally Competent System of Care, Volume:: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center. 1989.

Cultural and Linguistic Competence Standards

*Resources for Cross Cultural Health Care
Center for Advancement of Health*

These standards for Culturally and Linguistically Appropriate Health Care Services were developed for the Office of Minority Health in the Department of Health and Human Services in May of 1999. The Standards will be circulated for public comment in 2000.

Based on an analytical review of key laws, regulations, contracts, and standards currently in use by federal and state agencies and other national organizations, these guidelines were developed with input from a national advisory committee of policymakers, providers, and researchers. In this report, each standard is accompanied by commentary that addresses its relationship to existing laws and standards, and offers recommendations for implementation and oversight to providers, policymakers, and advocates.

Preamble:

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 should:

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 interpreter services free of charge.
8. Translate and make available signage and commonly used written patient education 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 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 organizations' 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 CLAS (Culturally and Linguistically Appropriate Services) 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.

Full report available at RCCHC@aol.com

Carrillo, J.E., Green, A.R., and Betancourt, J.R. Cross-Cultural Primary Care: A Patient-Based Approach. *Annals of Internal Medicine*, 1999; 130:829-834.

Copies available at: <http://www.acponline.org/journals/annals/18may99/carrillo.htm>