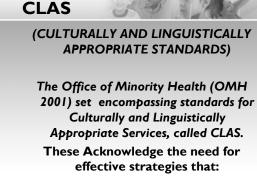


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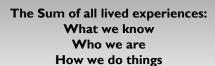
# CLAS Culture Cultural Competency Cultural Responsiveness Language Cultural Humility Cultural Sensitivity Surface and Deep Culture



# CLAS • Ensure that all people receive equitable

- Ensure that all people receive equitable and effective treatment in a culturally and linguistically appropriate manner.
- Make services responsive to the individuals needs.
- Address the needs of populations that experience unequal access to health care services.
- Contribute to the elimination of cultural disparities in health care services.

#### **Culture**



An extra somatic (outside of our human body) means of adaptation.

#### Culture can be based on:

- Shared characteristics (drug use)
- Geographical/regional residency
- Stage in life (e.g.
- Social class/ socioeconomic status
- youth cultures)
- Relationship status
- Sexual orientation
- Religious beliefs
- Gender
- HIV/AIDS status
- Nationality

#### Influences of Culture in **Health Care Services**

- · The definition of health and illness.
- · Information is circulated/ viewed by providers and clients.
- · How rights and protections are exercised.

#### Influences of Culture in **Health Care Services**

- · How symptoms are expressed and who provides treatment and diagnosis.
- · Who decides what treatment will be given.

#### Gaps in health care can put consumers of these services at risk for

- · Poor quality care
- · Dissatisfaction with their care
- Negative health consequences

#### Problems in verbal and non-verbal communication may also lead to

- Poor comprehension
- · Low adherence to recommendations and/or treatment
- Decreased quality of care

#### **Cultural Competency**

The ability to respond respectfully and effectively to people of all cultures in a way that affirms and values cultural differences and protects/preserves the dignity of each individual.

- Seattle King County Department of Public Health, 1994.

#### Levels of Competence

- Unconscious incompetence
  - Provider is not aware that cultural differences exist
- Conscious incompetence
  - Provider still do not understand another's culture, but is aware of this lack of understanding and that differences so exist

#### Levels of Competence

- Consciously competent
  - Provider becomes knowledgeable about cultural differences but still in the process of learning
- Unconsciously competent
  - Providers knowledge of cultural differences now appropriately incorporated in one's behavior & interaction with client of different culture

#### **Cultural Responsiveness**

- A set of skills and behaviors to work effectively in both eliciting and delivering responses for delivery of care in a cross cultural situation.
- The capacity to respond when one is able and when necessary and acknowledge when and where it is appropriate.

#### Communication

- Linguistic variations within a cultural group
  - Region, ethnic group, social class, occupation, and many other factors

#### Communication

- Cultural variations within a language group
  - Regional differences in cultures, social class differences, religious differences, or differences based on sexual orientation, etc.
- Variations in literacy levels in all language groups

#### **Cultural Humility**

- Skills and behaviors that are re tooled and renewed in a commitment for lifelong learning.
- Unconditional acceptance of client as expert in own culture to serve as tutor or teacher for provider to improve communication.

#### **Cultural Sensitivity**

- Conduct in which a person recognizes the existence of both shared commonalities and differences for improved communication.
- Requires skills in observations, sensibility to behavior and speech.

#### **Cultural Sensitivity**

 Involves willingness to observe local codes and rules of behavior.



#### **Cultural Domains**

- Refers to the <u>areas of interest</u>, <u>performance</u> and <u>expression</u> linked by similarity in characteristics.
- The way in which societies engage with the world around them.
- Each expression reflects cultural interest of importance to people of a community.

# Cultural Domains Art Aesthetics Communication Health Illness Coremonies Control Domains Religion Spirituality Morality Ethics Livelihood Food ways

#### Surface Culture & Deep Culture

- Some aspects of a culture are visible and others are hidden.
- Surface culture may be tangible and recognizable of a group.
- Deep Culture may remain hidden but may rise to the surface in emotions and performing behavior.

#### Surface Culture & Deep Culture

- There is a shifting evolution of culture generated by social process influenced by movement.
- Culture may move and have multiple processes, hybridization, renewal and loss.





#### **Surface Culture**

What is visible when you meet someone.

Deep Culture

What cannot be seen and requires the use of Dynamic Interaction to elicit more of.

#### **Elements of Surface Culture**

- · Food
  - -Food and culinary contributions
- · Holidays
  - -Patriotic holidays, religious observances, & personal rites and celebrations
- · Arts
  - -Traditional & contemporary music, visual & performing arts, & drama

#### **Elements of Surface Culture**

- · Folklore
  - -Folk tales, legends, and oral history
- · History
  - -Historical & humanitaries contributions, & social & political movements
- · Personalities
  - -Historical, contemporary, & local figures

#### **Elements of Deep Culture**

- Aesthetics
- Ceremony
- Concepts of time
- Courtship & marriage
- Ethics
- Family ties
- Health & medicine
- · Folk myths
- Gesture & kinesics
- Grooming & presence

- Ownership
- Precedence
- Rewards & privileges
- · Rights & duties
- · Religion
- Sex roles
- Space & proximity
- Subsistence
- · Taboos
- · Values



#### **OPINON POLL ACTIVITY**

#### **Dynamic Interactions**

- Cross cultural encounters in which each party can share in their expertise to reach a consensus on an issue, find a solution to a common problem or teach and learn about an interest or skill area.
- Cross cultural communication is a dynamic and ongoing process.

# Aspects of Culture to Consider When Utilizing Dynamic Interactions

- Background/history of individual's culture.
- · Internalization of ideas.
- How they assimilate ideas of who they are or are not.

Person **Environment** Structural Factors Structural Factors affect environment These Interactions are dynamic and consequently individuals directly and **Environmental Factors** indirectly through **Community Parks** formal rules Abandoned houses Alcohol laws and enforcement **Red Light Districts** Zero Tolerance Partner Notification Policies How do these social circumstances affect HIV Risk

What Structural and Environmental Factors are present in your community?

# Impact of Environment and Structural Factors

- · Classified in three areas
  - Availability
    - May include equipment, materials or selected settings available for risk reduction strategies.

# Impact of Environment and Structural Factors

- · Classified in three areas
  - Acceptability
    - May need to alter the rules and norms dealing with HIV that encourage discrimination and stigmatization.

# Impact of Environment and Structural Factors

- · Classified in three areas
  - Accessibility
    - May decrease or increase factors that affect people whose marginal situations places them at risk for HIV/AIDS.



#### **Healing and Disease**

- Disease may be defined or understood as an organic illness that is clinically manifested from illness as feeling under the weather.
- Alternative healing can provide both physical and emotional relief.

#### **Ethno Medicine/Folk Medicine**

- Ethno-medicine is any medical system linked to a particular language group or community of people.
- Folk medicine is a culturally-specific way to treat physical, emotionalpsychological and spiritual afflictions that provides an alternative to the formal medical system.

#### **Types of Healers**

- Nurses, Physicians
  - M.D., D.O, etc.
  - -Western medicine
- · Alternative Medicine
  - Homeopathy, Naturopathy, Acupuncture

#### **Types of Healers**

- Traditional healers, herbalists, and others
  - Curanderos(as) "healers", Sobadores (massage specialists), Seers,
     Spiritualists, Parteras (midwives)
- Priests, Pastors, Ministers, Preachers (formal religious counselors)

# 

#### **Culture and Humor**

On a routine visit to the doctor a woman in her late 70s asked her doctor for some birth control pills (anti-conceptivo). The doctor became curious and asked her what she wanted the pills for. She told him that it would make her sleep better, even more curious the doctor asked why birth control pills would make her sleep better. She told him "pues se los pongo en el jugo de naranja a mi nieta cada manana y asi duermo mucho mejor cuando me acuesto de noche". Well I put them in my granddaughters orange juice every morning and that helps me sleep a lot better at night.

# Discussion, Know your Community

- What core values may you find in the population you serve?
- How could these core values assist in your prevention efforts?

### Conducting a Cultural Assessment

#### **Cultural Assessment**

- I. What do you think has caused your problem?
- 2. Why do you think it started when it
- 3. What do you think your sickness does to you?
- 4. How severe is your sickness?

#### **Cultural Assessment**

- 5. What kind of treatment do you think you should receive?
- 6. What are the most important results you hope to achieve from this treatment?
- 7. What are the chief problems your sickness has caused?
- 8. What do you fear most about your sickness?

# CULTURAL COMPETENCY MODELS/THEORIES

#### **Practical Skills Model**

- Affective Communication
- · Relationship Building
- · Diunital Reasoning
- Customs and Practices
- Model Management

# Action Steps for Achieving Cultural Competence

- · Develop support for change.
- Identify groups to be involved.
- · Identify barriers.
- Assess current level of cultural competence.
- · Identify resources needed.

### Action Steps for Achieving Cultural Competence

- Develop goals, implementation steps and deadlines.
- Commit to an ongoing evaluation process.
- Networking between service providers that enable continuum of needed services
- Proactive engagement to overcome barriers.

#### For More Information

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#### Websites:

www.borderhealthfoundation.org www.cdc.gov