Considering Cultural Competence in the Context of Public Health

Diana Romero, PhD MA
Elena Hoeppner, MPH
Andrea Skowronek, RD MPH

CUNY School of Public Health at Hunter College

In partnership with the Center for Puerto Rican Studies at Hunter College.

This project is made possible by a grant from the Fund for the Improvement of Postsecondary Education, U.S. Department of Education. However, the content does not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.
“Cultural competence is the ability of an individual to understand and respect values, attitudes, beliefs, and mores that differ across cultures and to consider and respond appropriately to these differences in planning, implementing, and evaluating health education and promotion programs and interventions.”

Source: The 2000 Joint Committee on Health Education and Promotion Terminology
Why do we need cultural competence?

<table>
<thead>
<tr>
<th>Higher Rates of</th>
<th>Lower Rates of</th>
</tr>
</thead>
<tbody>
<tr>
<td>infant mortality, cardiovascular disease, diabetes, HIV infection/AIDS, cancer</td>
<td>immunizations and cancer screening</td>
</tr>
<tr>
<td>For: African Americans, Hispanics/Latinos, American Indians and Alaska Natives, Asian Americans, Native Hawaiians and Pacific Islanders</td>
<td></td>
</tr>
</tbody>
</table>

➤ Disparities in care and other factors lead to disparities in health status…

- Minority patients are less likely to receive referrals for screening tests
- Minority patients are less likely to receive appropriate treatments
- Spanish speaking patients are more likely to have their comments ignored by English-speaking physicians

Source: Brach C, Fraser I. Medical Care Research and Review. 2000.
Example of a disparity in health outcomes

Infant mortality rates, by maternal race and Hispanic ethnicity, US 2006

Number of deaths among infants aged <1 year per 1,000 live births

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>8.28</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>4.55</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>13.35</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>5.58</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.41</td>
</tr>
</tbody>
</table>

Why do we need cultural competence?

➢ To ensure that health education is effective cross-culturally
  • Key influences of behaviors
    • Universal factors
    • Cultural factors
    • Personal factors
    • Others (socioeconomics, age, social system, power levels, policies, geography, etc)

➢ Culture is a key factor in determining people’s concept of health and illness

What does it mean to be a “culturally competent” Public Health professional?

1. Incorporates strategies for interacting with persons from diverse backgrounds
2. Considers the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services
3. Responds to diverse needs that are the result of cultural differences
4. Explains the dynamic forces that contribute to cultural diversity
5. Describes the need for a diverse public health workforce
6. Assesses the public health organization for its cultural competence

How do we start to become culturally competent Public Health providers?

“Cultural Competence”

- Attitudes
- Knowledge
- Skills
How do we start to become culturally competent Public Health providers?

~Shift our attitudes~

➢ **Desire to be culturally competent**: “Cultural desire includes a genuine passion and commitment to be open and flexible with others; a respect for differences, yet a commitment to build upon similarities; a willingness to learn from clients and others as cultural informants; and a sense of humility.”

➢ **Recognize the historical impact of racism and discrimination on health and health care**

How do we start to become culturally competent Public Health providers?

~Increase our knowledge/skills~

- **Become familiar with cultural factors**
  - Race, gender, sexual orientation, religion, traditions, language, customs, values, behaviors, communication, family formation, holidays, healing practices, food, music, dance, etc

- **Increase our understanding of how cultural factors affect health behaviors**
  - Identify cultural definitions of health, illness, and care
  - Social determinants of health
Are these stereotypes or cultural patterns?

Cultural Dynamics Influencing the Clinical Encounter

<table>
<thead>
<tr>
<th>American/Western Cultures</th>
<th>Concepts</th>
<th>Non-Western Cultures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health is the absence of disease.</td>
<td>Core Health Beliefs</td>
<td>Health is a state of harmony within body, mind, spirit, family, community &amp; outside world.</td>
</tr>
<tr>
<td>Disease/illness results from exposure to pathogens, hematological or environmental factors.</td>
<td></td>
<td>Illness results from body imbalances (hot/cold; ying/yang).</td>
</tr>
<tr>
<td>Seek medical system to prevent disease &amp; treat illness.</td>
<td>Health-Seeking Practices</td>
<td>Seek medical system when in acute stage of illness.</td>
</tr>
<tr>
<td>Use physicians, nurses, psychiatrists, surgeons, specialists and select bodyworkers (chiropractors, etc.).</td>
<td></td>
<td>Use herbalists, midwives, santiguadoras, curanderos, priests, shamans, espíritistas, voodoo priests, etc.</td>
</tr>
<tr>
<td>Prevention is practiced to avoid future disease.</td>
<td></td>
<td>Prevention of disease is not practiced.</td>
</tr>
<tr>
<td>Foods used to ensure biological functioning.</td>
<td></td>
<td>Foods used to restore imbalances (hot/cold; ying/yang).</td>
</tr>
<tr>
<td>Values individualism: focus on self-reliance &amp; autonomy.</td>
<td>Cultural Values, Norms, Customs</td>
<td>Values collectivism: reliance on other &amp; group acceptance.</td>
</tr>
<tr>
<td>Values independence and freedom.</td>
<td></td>
<td>Values interdependence with family and community.</td>
</tr>
<tr>
<td>Values youth over elderly status.</td>
<td></td>
<td>Values respect for authority and elderly status.</td>
</tr>
<tr>
<td>Personal control over environment &amp; destiny.</td>
<td></td>
<td>Fate controls environment &amp; destiny.</td>
</tr>
<tr>
<td>Future oriented.</td>
<td></td>
<td>Present oriented: here and now.</td>
</tr>
<tr>
<td>Efficiency: time is important; tardiness viewed as impolite.</td>
<td></td>
<td>Efficiency: time is flexible; viewed as impolite/insulting.</td>
</tr>
<tr>
<td>Greeting on first name basis denotes informality to build rapport.</td>
<td>Communication Styles</td>
<td>Greeting on first-name basis denotes disrespect.</td>
</tr>
<tr>
<td>Being direct avoids miscommunication.</td>
<td></td>
<td>Being direct denotes conflict.</td>
</tr>
<tr>
<td>Eye contact signifies respect and attentiveness.</td>
<td></td>
<td>Eye contact is considered disrespectful.</td>
</tr>
<tr>
<td>Personal distance denotes professionalism &amp; objectivity.</td>
<td></td>
<td>Close personal space valued to building rapport.</td>
</tr>
<tr>
<td>Gestures have universal meaning.</td>
<td></td>
<td>Gestures have taboo meanings depending on cultural subgroups.</td>
</tr>
<tr>
<td>Individual interests are valued and encouraged.</td>
<td>Family Dynamics</td>
<td>Individual interests are subordinate to family needs.</td>
</tr>
<tr>
<td>Individual is the focus of health care decision-making.</td>
<td></td>
<td>Family is the focus of health care decision-making.</td>
</tr>
<tr>
<td>Reliance on nuclear &amp; immediate family bonds.</td>
<td></td>
<td>Reliance on extended family networks.</td>
</tr>
</tbody>
</table>

How do we start to become culturally competent Public Health providers?

~Increase our knowledge/skills~

- Increase our understanding of how cultural factors affect communicating about health
  - Individualistic vs. collectivist perspective
  - Family structure and values
  - Social norms
How do we start to become culturally competent Public Health providers?

- Complete a self assessment
  - How do I feel about race, gender, sexual orientation, religion, etc?
  - How do I interact with people different from me?
  - How well do I know the cultural background (eg, prevailing beliefs, customs, norms, values, religions/philosophies) of community members in my service area?
  - Do I know how community members define health, illness, and major health concepts in my service area?
How do we start to become culturally competent Public Health providers?

- **Complete an organizational assessment**
  - Is cultural competence part of our mission, vision, values, and policies?
  - Do we consider culture in our assessments and service plans?
  - Do we have linkages with diverse communities and organizations?
  - Do we utilize community consultants?
  - Do we have diverse leadership and workforce?
How do we approach public health work with cultural competence?

- **Conduct community assessments**
  - Identify community consultants (e.g., contact local leaders)
  - Identify communication strategies for diverse populations

- **Use culturally competent research practices**
  - Community-Based Participatory Research – an orientation to research

- **Research/develop interventions that integrate cultural values**
  - For example, faith-based health promotion programs

- **Inform the development of health messages through research on groups’ common understanding of health concepts** (e.g., focus groups, surveys)
Community-Based Participatory Research (CBPR)

Definition:

“Collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.”

How do we improve cultural competence in Public Health systems?

- Work toward organizational cultural competence
- Increased diversity within leadership and workforce
- Adapt medical cultural competence models to use in public health
- Policy development
How can cultural competence address health disparities?

- CC Systems
- CC Organizations
- CC Programs & Research
- CC PH Workers

Reduce disparities in care

Reduce disparities in health outcomes
Summary

Cultural Competence (CC) in Public Health

1. Improving CC may be a way to address health disparities
2. Work continues in health care and public health to improve CC
3. We can become CC public health providers by developing relevant knowledge, attitudes, and skills
4. We can apply CC by always considering culture in interventions and research
5. Public health systems would benefit from increased diversity and ongoing policy development
Considering Cultural Competence in the Context of Public Health

For more information on cultural competence in public health check out the Cultural Competence Curriculum Initiative at Hunter College:

http://centropr.hunter.cuny.edu/education/cultural-competence/cultural-competence-public-health