



Cultural Competence: Transforming Understanding into Impact

Workshop description

An interactive workshop designed to equip public health professionals and service providers with the skills and knowledge to address the unique health challenges of migrant communities in Europe. This Workshop covers key areas, including understanding cultural beliefs and practices, addressing language barriers, adapting services for diverse populations, and mitigating implicit bias. Participants will explore real-world case studies, and develop actionable strategies to enhance health accessibility and inclusivity. Gain practical tools, insights into legal frameworks, and resources to build culturally responsive health programmes and services.



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Key aspects

Why is Culture Important in healthcare?

- Cultural variables:
 - o Ethnicity
 - o Race
 - o Gender
 - o Spirituality/religion
 - o History of the culture
 - o Caste/status
 - o Sexual orientation
 - o Language or dialect
- Cultural forces are powerful determinants of health-related behaviour
- A lack of knowledge about or sensitivity to health beliefs and practices of different cultures can limit one's ability to provide healthcare

What shapes culture?

- Political values
- Experiences with oppression or discrimination
- Socioeconomic factors
- Rituals
- Family roles and structures (e.g. polygamy vs. monogamy that is accepted)
- Degree of opposition to acculturation
- Response to majority culture

What is cultural competence?

- Put yourself in the shoes of the person in front of us
- “The state of being capable of functioning effectively in the context of cultural differences.”
- “A set of congruent behaviours, attitudes, and policies which come together in a system, agency, or amongst professionals to work effectively in cross-cultural situations.”

The influence of cultural and social factors

- **Health-seeking behaviour**
 - o What do you perceive as serious?
 - o Is there a cause for the symptom?
 - o Who should I seek help from
 - o Anyone else with similar symptoms?
- **Perceived causes of illness**
 - o Some people believe that the cause might be some other force outside the individual (supernatural or spiritual forces, such as punishment for behaviours, etc.)
- **Understanding of disease process**
 - o Patients understanding might differ from healthcare providers understanding
 - o Stigma, fear and discrimination
 - o Social networks
- **Treatment decisions**
 - o Risk assessment (cost-benefit analysis)
 - o What is necessary for healing to occur?
 - o Lifestyle factors
 - o Healthcare worker – patient interactions

Required skills

- Knowledge of patient population
- Acceptable social behaviours
- Cultural health beliefs
- Conveying respect
- Working with interpreters

Knowing the cultural characteristics of your patient population

- What cultures are predominantly represented in your program?
- What are the values, beliefs, traditional concepts particular to these groups?
- Who are the „gatekeepers“ of health within these groups?
- What is the group’s perception of health and illness?
- Acceptable social behaviours
 - o In some cultures the following behaviours can be seen as offensive or may not be reciprocated:
 - Handshake
 - Staring, direct questioning, or direct eye contact
 - Getting „down to business“ immediately – asking „how are you?“ in passing without truly listening for response

Be aware of and consider different cultural health beliefs, e.g.:

- Illness or disease is caused by stress or working too hard or as a punishment for something
- Eating protein (meat or eggs) will counteract the effects of x-rays
- Everyone has dormant diseases in body, whether or not they develop depends on how well you take care of yourself

It is important to convey respect:

- Build rapport and trust
- Explain why you must ask personal or sensitive questions (suspicion of TB, HIV status); may require an expression of sympathy for doing so
- Watch for patient’s verbal and non-verbal cues; allow patient to ask questions at frequent intervals
- Acknowledge non-traditional living situations (e.g., joint or extended families, homeless shelter)
- Acknowledge the stigma attached to a diagnosis
- Do not ask about immigration status

Working with interpreters:

- Be aware that it can be good but also bad
- Introduce yourself to the interpreter and patient; explain ground rules of interpretation and confidentiality
- Address patient directly, in the first person and make eye contact
- Check that interpreter is engaged in working with the patient; make sure pace is appropriate and direct
- Avoid local jargon and phrases

Check on cultural sensitivity in your premises, e.g.:

- Do you have posters on the wall that depict people of different racial/ethnic groups?
 - Do you have books and pamphlets addressed to people of different genders?
 - Is staff trained to take calls from a call relay operator for hearing-impaired patients?
 - Do you have an appointment line with a TTY (Teletypewriter)?
- ➔ Train all staff
- ➔ Culture is not defined exclusively by ethnicity but rather by shared systems, values, belief, learned patterns of behaviour
- ➔ Might also be influenced by other factors (gender, age, sexuality, etc.)

Key Takeaways

- **Language and translation**
 - o Wording plays a key role in how we present information to the people
 - o In some contexts, there isn't always a word that translates directly from English to our local dialects
- **Be conscious of the biases that we bring to the table**
 - o Whilst we all live in the world, our various-lived and learnt experiences inform how we engage with it.
 - o It is important to note that differences may not be good or bad, they are just different
- **Our environment has a huge role in shaping us:**
 - o The environment we grow up can impact how we experience the country of engagement with services.
 - o For example, some people may cite historical harms/traumas as factors that impact their access to care today, it is important for us to be conscious of this reality.