

“Cultural Competence: Transforming Understanding into Impact”

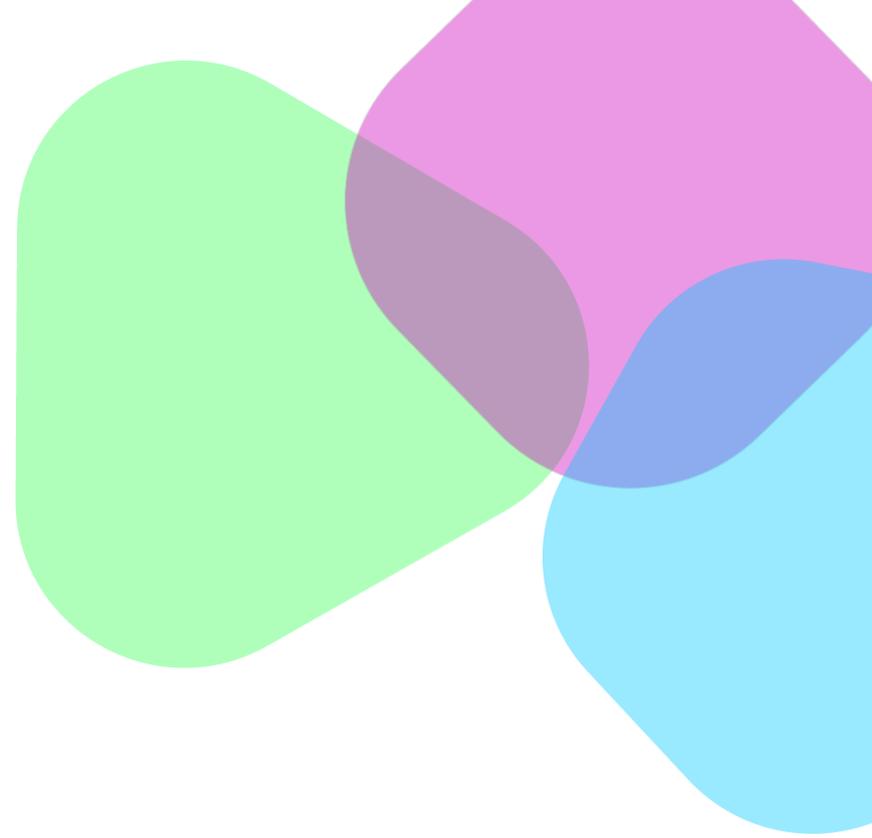
By Juddy Otti

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Group Agreement

- Confidentiality
 - Respect others' opinions
 - Disagree Constructively
 - It's okay to make mistakes
 - Listen to each other
 - No racist/sexist/homophobic/transphobic language, or anything else that could be offensive
 - Take part and get involved
 - Feel free to ask questions?



The Importance of Cultural Competency

Objectives:

- Define cultural and linguistic factors that shape our cultural identity, stereotypes, bias and cultural awareness.
- Describe our cultural identity and evaluate how these shape our own biases
- Develop a personal awareness of these topics and how they relate to your role as a health provider
- The role of Cultural competence in reducing health disparities for migrant communities

Icebreaker Activity (10 mins)

Cultural identity: Who am I?

On a piece of paper, write your name in big letters in the middle

Around your name, write the answer to the question:

Who am I?

*i.e. Age, race, gender identity, ethnicity, education,
spirituality/religion*

write as many as you can refer to as what make up your identify

Culture, cultural identity, and intersectionality

What is culture?

Culture determines how we see the World(Our worldview). It is a way to make meaning to things. "We don't see things as they are; we see them as we are."

The body of learned beliefs, traditions, principles, and guides for behavior that are commonly shared among members of a particular group. Culture serves as a roadmap for both perceiving and interacting with the world." *Increasing Multicultural Understanding: A Comprehensive Model*. Don Locke, SAGE Publications, 1992

What do you think about these statement?



What is Ethnicity?



Refers to particular social groups in complex societies, groups differentiated not only on the basis on a range of shared cultural content, but also on the bases of social attitudes and economic and political considerations.

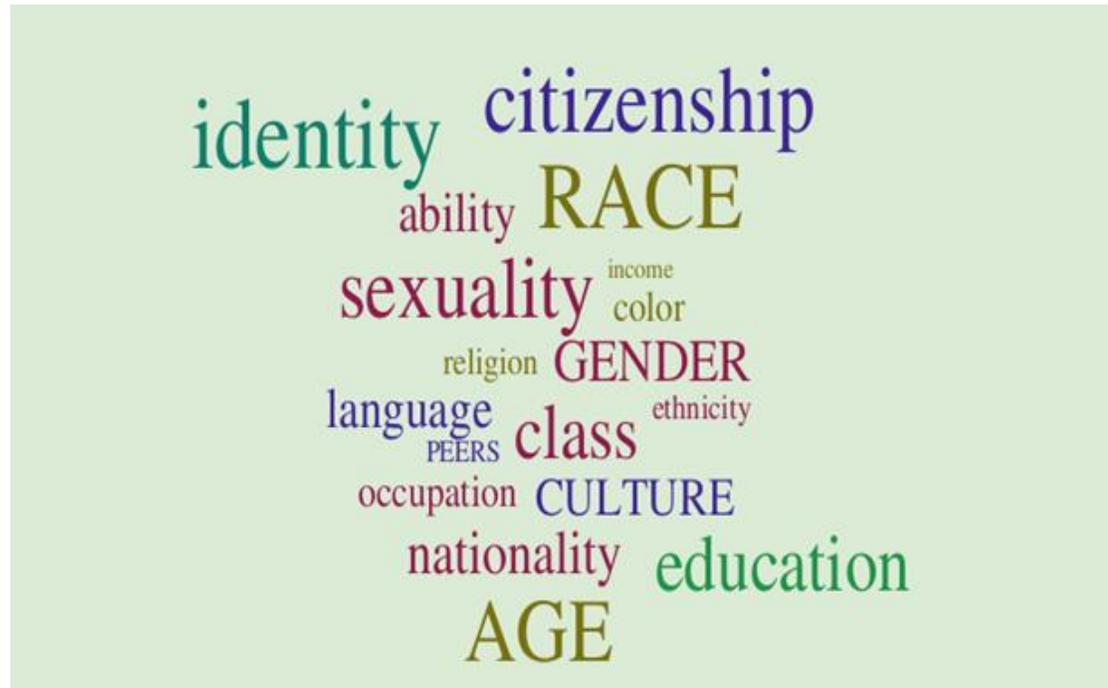
Working with Latino Youth: Culture, Development and Context. Joan D. Koss-Chioino and Luis A. Vargas

What is Intersectionality?

Intersectionality is the terms use to refer to the multiple social identities that we have.

It helps to explain these identities intersect at the individual level to reflect interlocking systems of privilege and oppression we may experience at the societal level

Can you name some intersectional identities or characteristics ?



GROUP DISCUSSION (10 mins)

Why is Culture Important in
Healthcare ?

Cultural Variables



- Ethnicity
- Race
- Gender
- Spirituality/religion

- History of the culture
- Caste/status
- Sexual orientation
- Language or dialect

Why is Culture Important in Healthcare?

- Cultural forces are powerful determinants of health-related behavior
- A lack of knowledge about or sensitivity to health beliefs and practices of different cultures can limit one's ability to provide quality healthcare

What Shapes Culture?

- Political values
- Experience with oppression or discrimination
- Socioeconomic factors
- Rituals
- Family roles and structure
- Degree of opposition to acculturation
- Response of majority culture



5-minute BREAK



What is Cultural Competence?

“The state of being capable of functioning effectively in the context of cultural differences.”

“A set of congruent behaviors, attitudes, and policies which come together in a system, agency, or amongst professionals to work effectively in cross-cultural situations.”

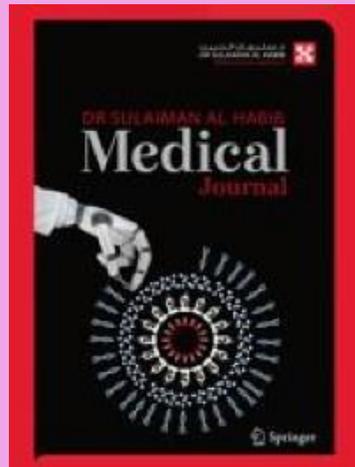
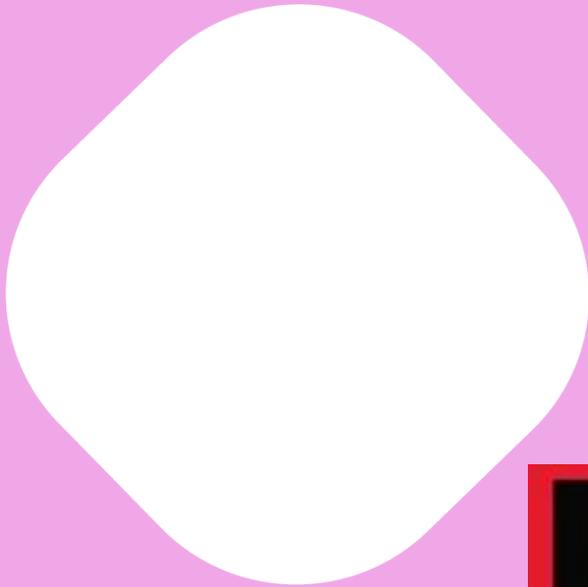
Towards a Culturally Competent System of Care. Cross et. al., 1989, Georgetown University Child Development Center



The Influence of Cultural and Social Factors

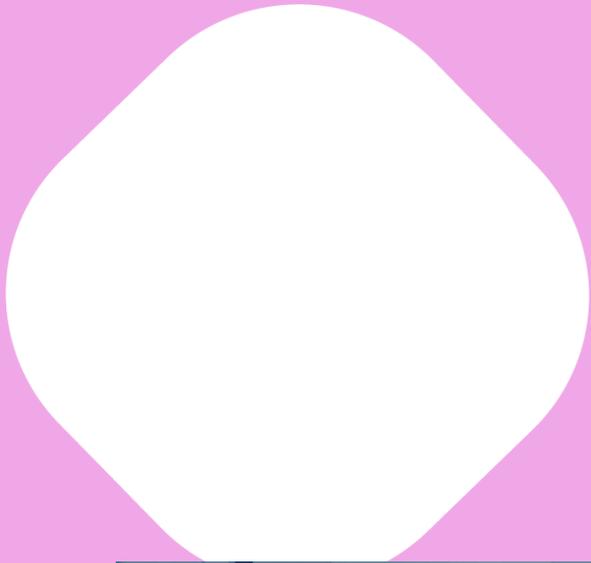
- Health-seeking behavior
- Perceived causes of illness
- Understanding of disease process
- Treatment decisions





Health-seeking Behavior

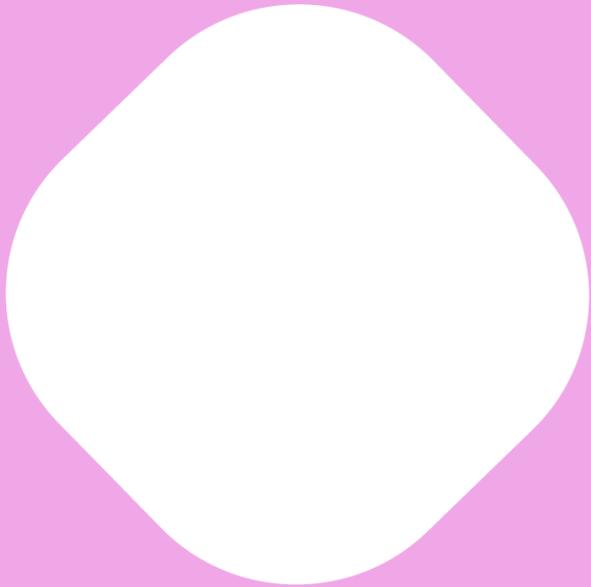
- Is the symptom serious?
- How long has the symptom lasted?
- Is there a cause for the symptom?
- Anyone else with similar symptoms?
- Who should I seek help from?



Perceived Causes of Illness

Some people believe that the cause of their disease is the result of some “other” force outside the individual (supernatural or spiritual forces such as punishment for behaviors, etc.)





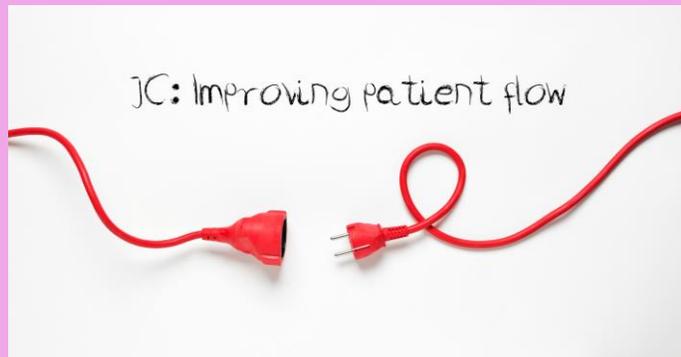
Patient's Understanding of

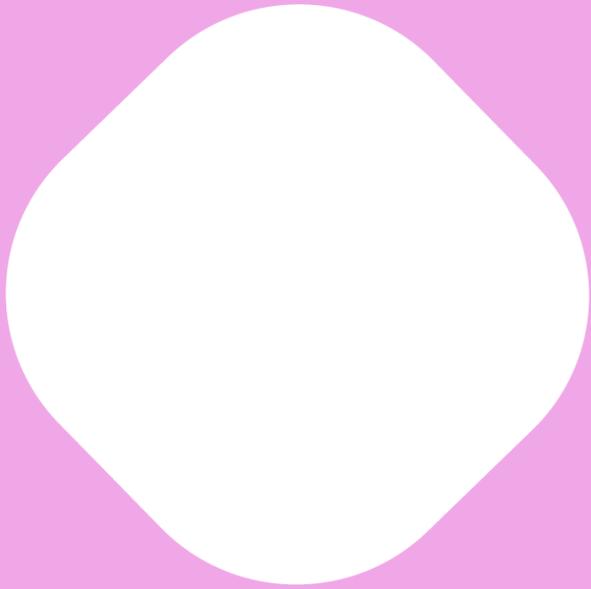
Perception of messages from different
healthcare providers

Stigma/fear

Social networks

Contacts





Treatment Decisions

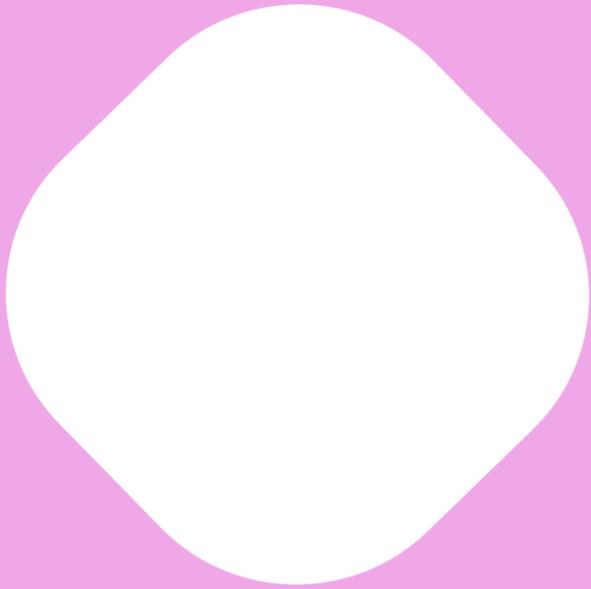
What is necessary for healing to occur

Risk assessment (cost-benefit analysis)

Lifestyle factors

Healthcare worker/patient interactions

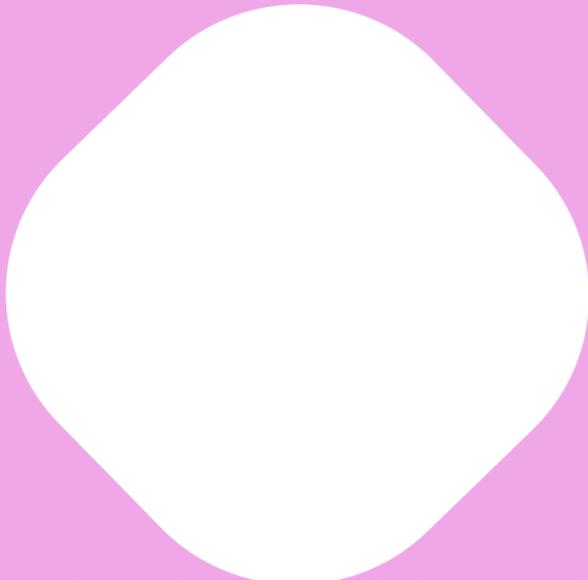




Required Skills

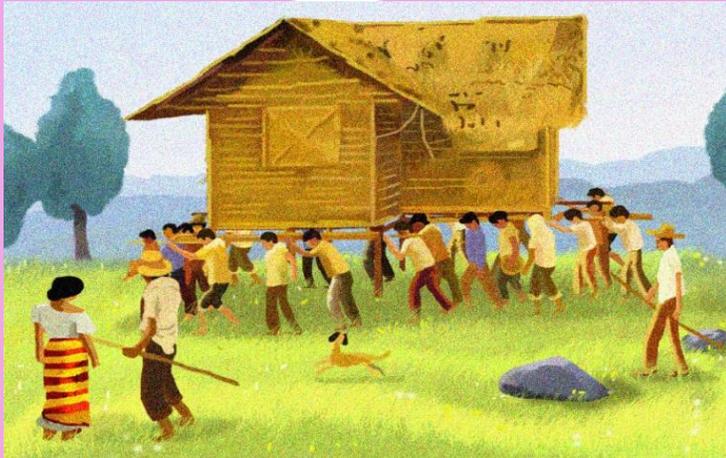
- Knowledge of patient population
- Acceptable social behaviors
- Cultural health beliefs
- Conveying respect
- Working with interpreters
- Cultural sensitivity

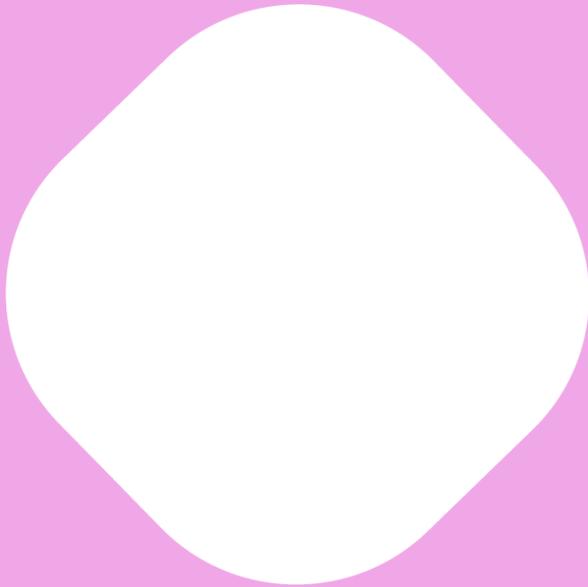




Knowing the Cultural Characteristics of Your Patient Population

- 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?



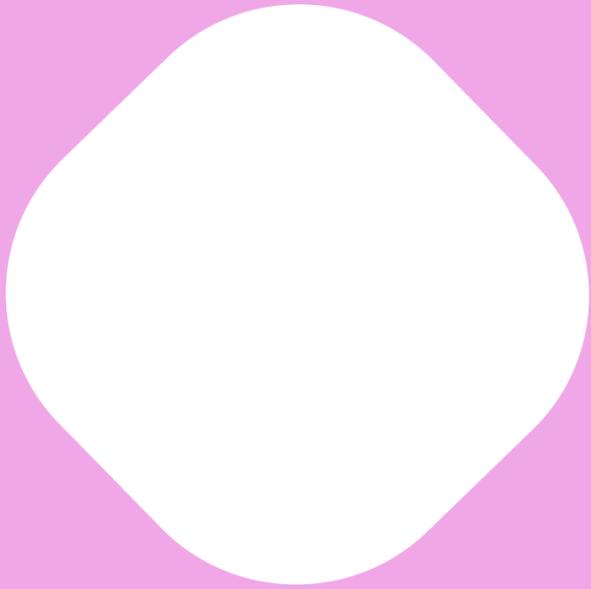


Acceptable Social Behaviors

In some cultures, the following behaviors 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

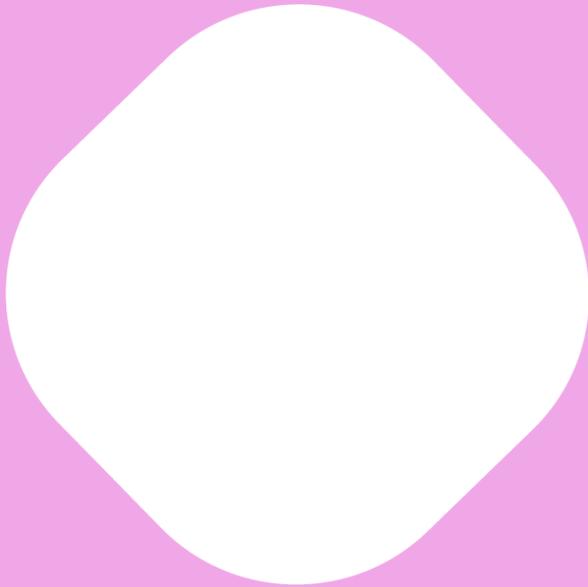




Examples of Cultural Health Beliefs

- 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
- Importance of balancing Yin and Yang, e.g. hot/cold theory

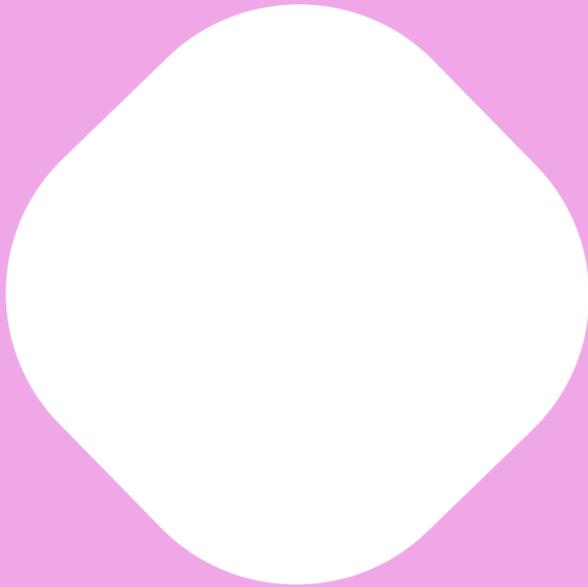




How to Convey Respect – 1

- 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





How to Convey Respect – 2

- 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 (*where appropriate!*)
- Provide appropriate health education



Working with Interpreters - 1

- In medical setting, use of a trained, medical interpreter is necessary
- Avoid use of family or non-medically trained staff to interpret
- Keep a list of available interpreters and schedule patients accordingly

Working with Interpreters - 2



- 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

Cultural Sensitivity - 1

- 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 line?

Cultural Sensitivity - 2

- How do you make people of different ethnicities, gender, age, etc. comfortable in your setting?
- Are the front-line office or clinic staff (e.g. receptionists and intake workers) trained in cultural competency?

Remember.....

- Culture is not defined exclusively by ethnicity, but rather a shared system of values, beliefs, history, and learned patterns of behaviors

This system of values, beliefs, and behaviors may also be influenced by variables such as:

- Gender
- Language
- Disability
- Sexuality
- Age

Group Discussion (10 mins)

Creating Culturally Competency in the Healthcare Setting

How else can we be culturally competent in our work?

Case Study (5 mins)

Mek is a 52 year old Eritrean woman. Her husband died from Aids. Mek fled her country because she was being abused and threatened by her husband's family for bringing shame and disgracing the family, going through Libya. She has limited English.

She was granted refugee status by Home Office in 2019 and dispersed to Yorkshire and accommodated in HMO. housemates found out about her HIV status which made leave her allocated accommodation and local area because she fears 'her community' will also find out.

She travels to London to live with a friend temporarily while she sorts out accommodation. However, but this takes very long and her friend eventually asks her to leave and she becomes homeless. Sleeps rough for 2 months and is not adhering to/receiving HIV treatment in London.

Mek is identified by Homelessness outreach worker but refuses LA offer to support her to access to housing if she returns to Yorkshire where 'she has a local connection'. Emergency Hostel Accommodation in London also refuses to accommodate her as she fears crowded environments including shared housing. Mek states that 'others finding out about her is why she had to leave her country' and is especially fearful/suspicious of Eritrean/Ethiopian people including translators. Mek reports she refused accommodation offers in London from men in return for sex. She exhibits suicidal ideation. Her religion does not allow suicide but dying from cold or hunger is allowed she says.

Temporary accommodation is found through Church networks. Over two weeks Mek reveals she has debts owed for 'ransom' paid by a 'businessman' when she was captured/detained and tortured in Libya. She has extensive burn-scar marks on her body. She fears that her family who depend on her, are at risk until debts are paid. Mek would like to return to Eritrea to visit her children and whilst there she would also like to make a pilgrimage to a holy site where people are cured of any disease by bathing in a pool.

Task: Identify challenges and explore solutions to mitigate these Challenges

PrEPared to have a healthy sex life



Key Takeaway 1: Language /Translation

- Wording plays a key role in how we present information to people.
- In some contexts, there isn't always a word that translates directly from English to our local dialects

Key Takeaway 2:

Be Conscious of the biases that we bring with us

- Whilst we all live in the world, our various-lived and learnt experiences inform how we engage with it.
- It's important to note that differences may not be good or bad, they are just different.

Key Takeaway 3:

Our environment has huge role in shaping us

- The environment we grow up can impact how we experience the country or engagement with services.
- For example, some people may cite historical harms/trauma as factors that impact their access to care today, it's important for us to be conscious of this reality.

Revisit Objectives

- Define cultural and linguistic factors that shape our cultural identity, stereotypes, bias and cultural awareness.
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Thank you!
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ANY
Questions?