Cultural Competency Training

2017

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Objectives

- Behavioral Health Disparities

- How a person's cultural norms, values and beliefs affect behavioral health care services

- Understanding the boundaries of Cultural Competency

- Cultural competency's role in a members' recovery and resiliency

- Your role in cultural sensitivity

- Culturally and Linguistically Appropriate Services (CLAS standards)

An Introduction to Cultural Considerations

Important Terms and Definitions

- **Culture**: the shared values, norms, traditions, customs, arts, history, folklore and institutions of a group of people

- **Race**: class or kind of people unified by shared interests, habits, or characteristics

- **Ethnicity:** of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin or background *

- **Cultural Competency**: in health care, this is the communication bridge that enables organizations and practitioners **to respond appropriately to and directly serve the unique needs of populations whose cultures may be different than the prevailing culture**

* U.S. Census Bureau 2007

An Introduction to Cultural Considerations

Important Terms and Definitions

- **Cross-cultural**: one culture interacting with another

- **Acculturation**: a cultural modification of an individual or group, by borrowing and adopting traits from another (usually dominant) culture

- **Linguistics**: the study of human speech including the units, natures, structure and modification of languages. Not only do we need to consider our cultural competence, we must be "linguistically competent"

- **LEP:** Limited English Proficiency, a way to describe those individuals who may have some English-speaking ability, or none at all

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Key Definitions

- **Mental health** is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." The terms "behavioral health" and "mental health" are often used interchangeably. (www.cdc.gov)

- **Recovery** is a process of change through which individuals improve their health and wellness, live a self- directed life, and strive to reach their full potential. (www.mentalhealth.gov)

- **Mental Health Disparity** is a significant inequality in the overall rate of mental illness incidence or prevalence, morbidity, mortality or survival rates in a health disparity population as compared with the health status of the general population. (www.ncbi.nlm.nih.gov)

Behavioral Health Disparities

All Americans do not share equally in the hope for recovery from mental illness.

"Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity, age, sexual orientation and gender." *

DHHS, 1999, p.vi;

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Behavioral Health Disparities

Striking Disparities for Minorities

- Less access to and availability of mental health services.

- Less likely to receive needed mental health services.

- Often receive a poorer quality of mental health care.

- Underrepresented in mental health research.

These disparities impose a greater disability burden on minorities.

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Behavioral Health Facts

In the US in 2010

7.2 million

People had unmet behavioral health needs

Roll, et al., Disparities in unmet need for mental health services in the United States, 1997-2010. Psychiatric Services, 2013

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Behavioral Health Facts

In Louisiana in 2008-2012

65%

of people with any behavioral health need, went without it

Behavioral Health Barometer, Louisiana, 2013. SAMHSA
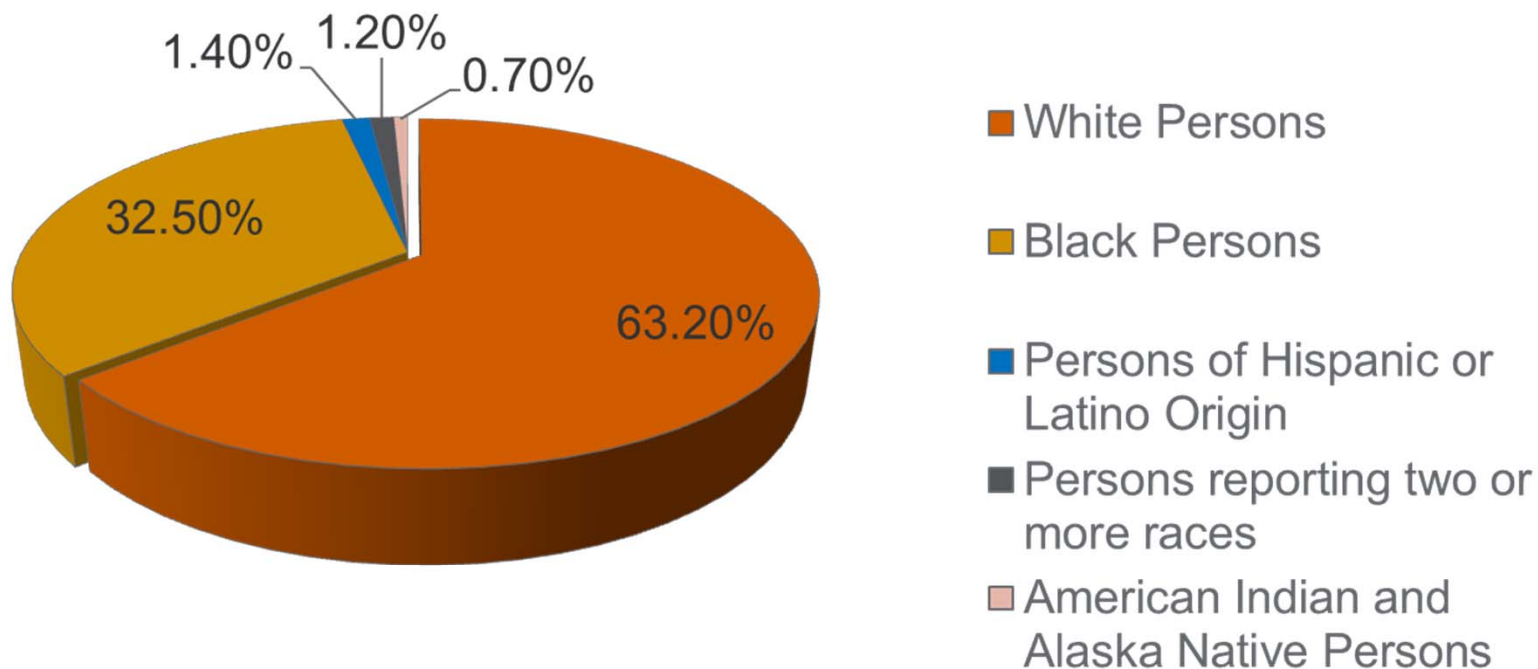
Understanding Cultural Variables

Numerous cultural variables influence the way in which a person seeks and uses behavioral health services and the manner in which a person approaches and manages recovery:
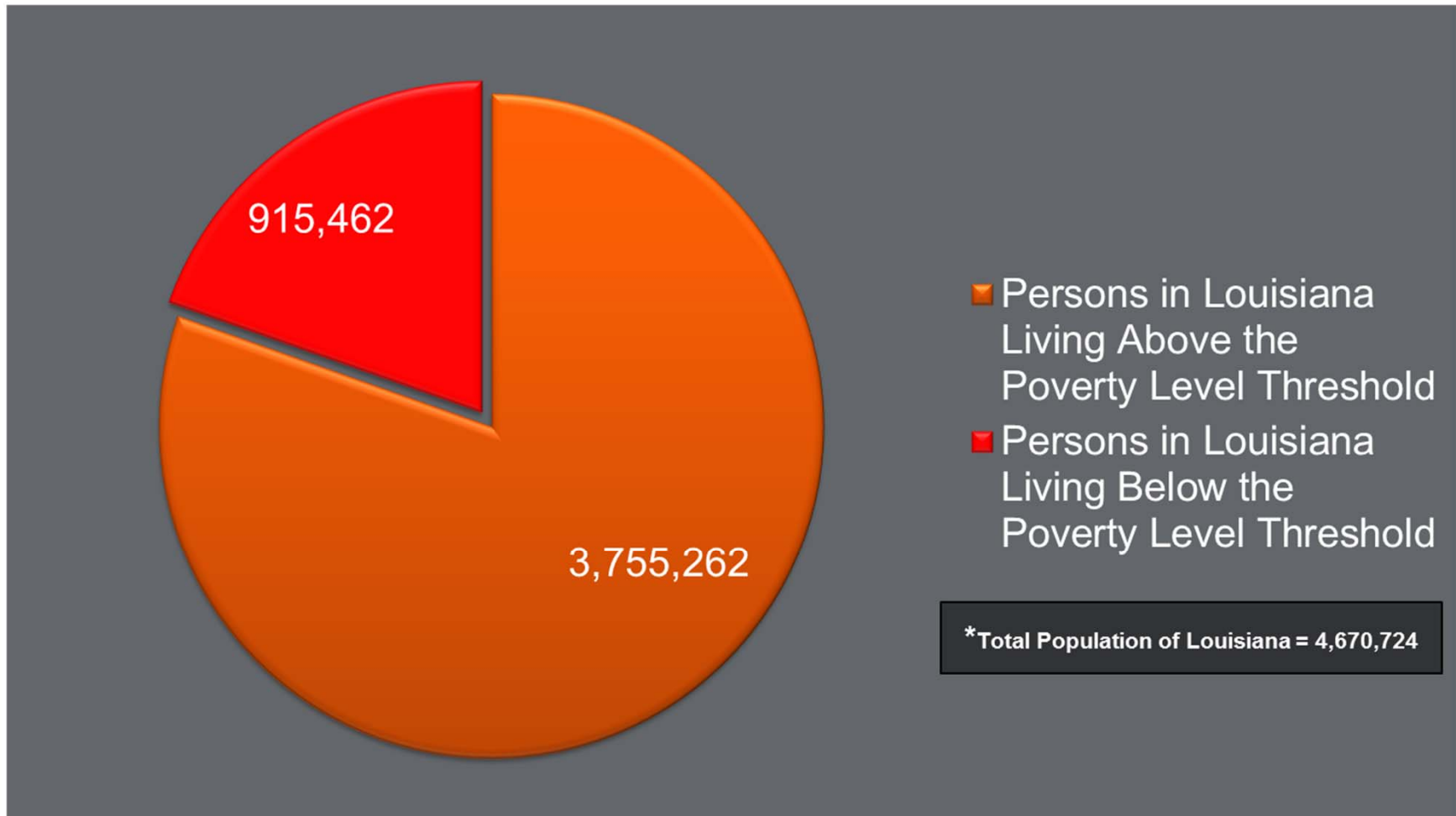
- **Ethnicity**
- **Race**
- **Sexual orientation**
- **Gender Identity**
- **Age**
- **Socio- economic status**
- **Primary language**
- **English proficiency**

- **Spirituality and religion**
- **Country of origin**
- **Literacy level**
- **Employment status**
- **Geographic location**
- **Cognitive and physical ability level**
- **Immigration status**
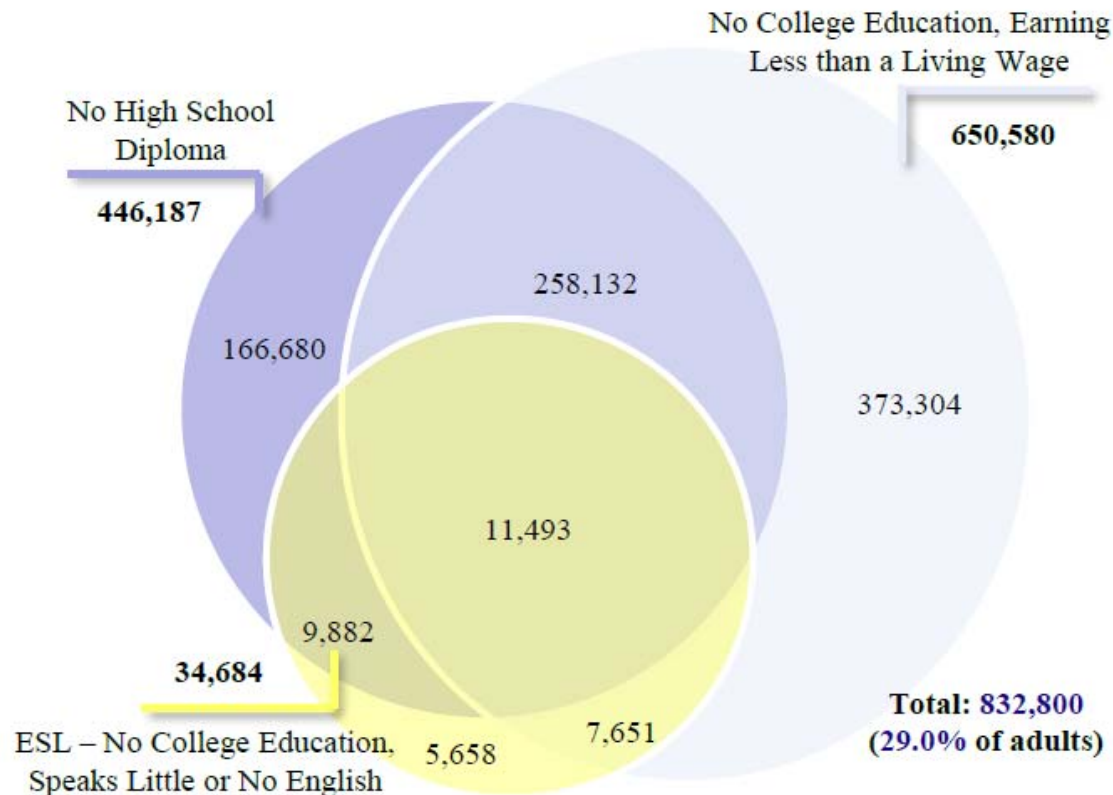- **Criminal justice involvement**

Louisiana Census

• In 2015, Louisiana's general population was comprised of the following percentages of various racial and ethnic minorities:

1.40%   1.20%   0.70%
32.50%
63.20%

■ White Persons

■ Black Persons

■ Persons of Hispanic or Latino Origin

■ Persons reporting two or more races

☐ American Indian and Alaska Native Persons

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Persons Living In Poverty for the State of Louisiana

Persons in Louisiana Living Above the Poverty Level Threshold

Persons in Louisiana Living Below the Poverty Level Threshold

915,462

3,755,262

*Total Population of Louisiana = 4,670,724

Education Level Facts for the State of Louisiana

No College Education, Earning Less than a Living Wage

650,580

No High School Diploma

446,187

258,132

166,680

373,304

11,493

9,882

34,684

ESL – No College Education, Speaks Little or No English

5,658

7,651

Total: 832,800
(29.0% of adults)

Louisiana By the Numbers

- **650,580** adults have no college education, are working but living in families with a combined income less than a living wage (twice the level of poverty).

- **446,187** working-age adults have not completed high school (or equivalent).

- **34,684** adults have no college education and speak English poorly or not at all.

- **11,493** adults have not completed high school, speak English poorly or not at all, and are struggling to earn a living wage.

- Therefore, **832,800** have at least one of the basic challenges the state must address – **29.0%** of all working-age adults in Louisiana.

http://www.nchems.org/c2sp/documents/LouisianaAdultProfile.pdf

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Culture Variances

Hispanic/Latino	American Indian/ Alaska Native	African American	LGBTQI

Hispanic/Latino

- There is a significantly higher incidence of PTSD among the immigrant Mexican population.
- Hispanic youth experience a higher incidence of suicidal ideation than Anglos or African American youth.*
- Hispanics may encounter some culture-bound syndromes, such as:
- ❖ **Susto** (fright)
- ❖ **Nervios** (nerves)
- ❖ **Mal de ojo** (evil eye)
- ❖ **Ataque de nervios** which may include screaming, crying, trembling, agressions, dissociation, fainting, suicide gestures.

American Indian/ Alaska Native

- PTSD among AI/AN Vietnam veterans is 45-57%.
- The adult suicide rate is 1.5 times the national rate.
- Among American Indian youth, the suicide rate is 2-3 times the national average.
- Louisiana's 4 Federally Recognized Tribes are:
- ❖ **The Chitimacha Tribe**
- ❖ **The Coushatta Tribe**
- ❖ **The Tunica-Biloxi Tribe**
- ❖ **The Choctaw Indians**
- The state of Louisiana also recognizes 10 additional tribes.

African American

- African Americans are less likely to suffer from major depression and more likely to suffer from phobias than non-Hispanic whites.
- Suicide rates among young black men are lower than those among young white men.
- African Americans experience some culture-bound syndromes, such as:
- ❖ **Sleep paralysis** — inability to move while falling asleep or waking up.
- ❖ **Falling out** — a sudden collapse sometime preceded by dizziness.

LGBTQI

- Between 1.4 and 4.3% of women in US are LBTQI.
- Between 2.8 and 9.1% of men in US are GBTQI.
- Gay men experience higher rates of depression and anxiety than the general population.
- Adolescents and young adult LGBTQI may be at higher risk of suicide, perhaps as a result of conflicts about developing sexual identity.
- LGBTQI may use more illicit drugs, especially amyl nitrate, marijuana, Ecstasy, and methamphetamines.
- Stigma, lack of cultural sensitivity, and reluctance to address sexuality may hamper effective treatment.

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Ethnic Groups that Influenced Louisiana Culture

Important terms regarding Louisiana people:

- **Acadians**

- **African American**

- **Anglos**

- **Creoles**

- **Germans**

- **Hispanics**

- **Isleños**

- **Italians**

- **Native Americans**

- **Other Ethnic Groups**

Ethnic Groups

- Different ethnic groups provide the state of Louisiana with many cultural influences.

- Ethnic groups are groups of people who consider themselves to be different from other members of their community based on several factors.

- People from the same ethnic group often come from the same place in the world or share a racial identity.

- In the past and present, Louisiana has been shaped by the diversity of its people.

Acadians

- The Acadians were French migrants who first lived in Nova Scotia, Canada. They settled into Louisiana in the 1760s.

- Thousands of Acadians still speak Creole French, and others share a similar dialect.

- Their music and preparation of food makes them one of the most recognizable ethnic groups in the US.

African Americans

- African American (also referred to as Black Americans or Afro-Americans) are an ethnic group of Americans with total or partial ancestry from any of the Black racial groups of Africa.

- The first large groups of African Americans arrived from Africa to Louisiana between 1719-1721 to work as the main workforce.

- The unique cultures of the descendants of Africans Americans in Louisiana have richly contributed in areas such as art, architecture, law, education, the culinary arts, music and much more.

Anglos

- Anglo refers to people who came into Louisiana from the American colonies established by the English.

- Large numbers began coming into Louisiana in the 1780s.

- They settled in the northern region of the state and raised cotton on small farms.

- What separates Anglos from other early Louisiana settlers is that they spoke English and were Protestant.

Creoles

- Creole refers to the descendants of Louisiana's earliest settlers - a person, whether African or European, who was born in Louisiana.

- St. Landry Parish is home to several Creole communities.

- Some continue to speak French, but most all today are English speakers.

Germans

- Most German settlers were farmers who settled in an area known as the German Coast on the shore of Lake Pontchartrain.

- Early Germans did not retain their language and soon blended with the French culture that dominated the region.

Hispanics

- The first large groups of Hispanics came when Louisiana became a Spanish colony in the 1760s.

- One group of Spanish speakers came from the Málaga region of Spain, and founded the city New Iberia.

- Cuban exiles settled in New Orleans in the 1960s, but in more recent times Spanish speakers have come from Latin American countries, like Mexico and Honduras.

Isleños

- Isleños are members of a group of Hispanics that the Spanish government brought over for population growth from the Canary Islands between 1778 and 1783.

- Isleños predominantly settled in St. Bernard Parish.

Italians

- Italians began arriving in Louisiana in the nineteenth century.

- Many came from rural areas and had farming experience.

- If it was affordable, some Italians set up farms outside New Orleans and sold their produce in the city.

- A large group of descendants now live in Independence in Tangipahoa Parish.

Native Americans

- At the time of French settlement there were seven groups of Native Americans who lived in what is now Louisiana.

- Today there are four groups recognized as sovereign Indian nations:
  - The Chitimacha
  - The Jena Band of Choctaw
  - The Coushatta
  - The Tunica-Biloxi

Other Ethnic Groups

- There are numerous other groups who have come to Louisiana over time, including people from China, the Philippines, Vietnam, and Croatia.

- Both Filipino and Vietnamese immigrants have become part of the wetlands culture.

- Louisiana boasts the largest population of Vietnamese outside of Vietnam.

- Croatian immigrants helped develop the oyster industry.
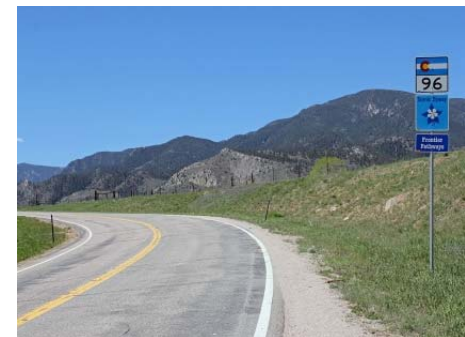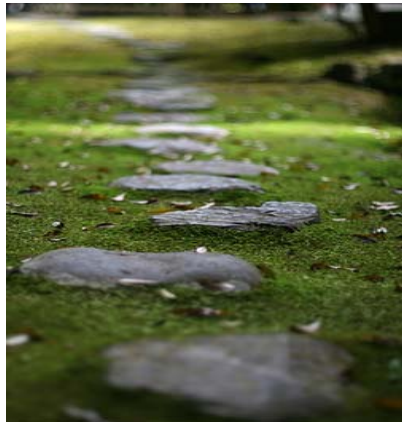
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Culture and Spirituality

Spirituality can play an important role and may or may not involve an organized religion. It could be a belief in God, a belief in a higher power, respecting one's ancestors, or a belief in the spirit world.

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Importance and Value of Cultural Competence

- Cultural competency plays a vital part in realizing our goal of supporting members' recovery and resiliency.

- We recognize that a person's cultural norms, values and beliefs shape how they use and approach behavioral health care services.

- Cultural Competency is not about knowing all aspects of cultural variances but rather being open to every culture and the pathway to an individual's recovery.

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Trauma

- Optum understands that exposure to traumatic events leads individuals to be more acutely sensitive to their environment: to the conditions under which people grew up, to how they live today, and to the journeys they have taken along the way.

- Understand trauma as it relates to each area of cultural competency.

- It is important to recognize cultural biases and historical trauma experienced by many ethnic groups, as well as spirituality and religion.

A Louisiana Specific Traumatic Event

Hurricane Katrina

- In 2010 a research study was published by the American Journal of Orthopsychiatry.

- The purpose of this study was to document changes in mental and physical health among 392 low-income parents exposed to Hurricane Katrina and to explore how hurricane-related stressors and loss relate to post-Katrina well being.

- The research showed that, "The prevalence of probable serious mental illness doubled, and nearly half of the respondents exhibited probable PTSD. Higher levels of hurricane-related loss and stressors were generally associated with worse health outcomes." (www.ncbi.nlm.gov)

Recovery and Cultural Competency

- Recovery for mental health and/or co-occurring disorders must also include the notion of healing. This is particularly true for communities of color and those who are lesbian, gay, bisexual or transgender (LGBT). These are individuals who must not only recover from their mental health disabilities/substance use disorder, but they must also heal the wounds suffered by virtue of their minority status.

- The oppression and trauma brought on by racism, sexism, colonization, homophobia, poverty, cultural and language isolation, place them at even greater risk for emotional/behavioral problems. Recovery and healing is an ongoing process and a journey that cannot be taken alone. **It requires a strong support network, competent caregivers, resources to provide the services, and an individual who is willing to push his/herself to find the place of healing and recovery. Most importantly, it requires a belief that recovery is possible**.

- Recovery in Diverse Communities D.J. Ida,Ph.D., Steve Lopez, Paula Lafferty, Jacki McKinney, Paulette Running Wolf, Ph.D.

Recovery Culture

- Programs that have been effective in implementing a recovery model meet the needs of the consumer at all levels.

- When asked what was helpful in their road to recovery, consumers said they needed to feel respected, understood, wanted someone who knew about their culture, spoke their language, was familiar with their community, helped them get a job and job training, helped them receive health services, English classes, did not abandon them when things got rough, gave them hope, and respected their spirituality, however it was defined (NAAPIMHA, 2002).

Peers and Recovery

- Having Peer Services can bring an understanding of the recovery culture into your organization.
  - Education to those who don't believe everyone can be in recovery
  - Peers being advocate for the recovery culture
- Having a diverse population of Peer providers will benefit BH disparities
  - American Indian Tribes
  - Refugee
  - LGBTQI
  - Hispanic
  - Elderly
  - Co-Morbid Disorders
- Peer providers come from different cultures and usually the cultures that are part of the minority cultures

Your Mindset - It Starts With You

- As we interact with diverse cultures, we must first examine our own beliefs and prejudices.
- The competent professional cultivates a non-judgmental attitude of respect, interest and inquiry.
- Superficial knowledge of cultures other than our own can sometimes lead to stereotyping, which can lead to inaccurate perceptions.

Key Points

- Remember that statistics do not apply to individuals.
- Information about cultures should be your guide, not the rulebook.
- There is no strict profile that applies to one culture or another.
- There are differences within cultures, and from generation to generation.
- We have to evaluate each person using a number of cultural clues.
- We need to ask questions in a culturally sensitive fashion.

Become Aware

- Be aware of personal attitudes, belief systems, biases and behavior.
- These may be conscious or unconscious attitudes, beliefs, biases or behaviors.
- Cultural sensitivity and cultural competence require an honest assessment of our positive and negative assumptions about others.
- This will help us **create new mental models for those we serve.**
- A good way to describe how we should interact with other cultures is to act with **"cultural humility".**

Examples

- Is the family, the individual, or the community the focal point for managing illness?
- Many American Indian populations involve the entire community in ceremonial and ritual practices that are integral to health and healing.
- Be aware of your belief of recovery for those diagnosed with behavioral health issues.
- If you as a support and a provider do not believe in recovery it is hard for those you serve to believe it for themselves.

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Your Guidelines: General Principles

Here is the **top ten list** for improving the cross cultural relationship:

1. **Do not "do unto others":** as you would have done to you. This does not work across all cultures!

2. **Be more formal:** use last names to show respect.

3. **Visual contact:** don't be put off if they don't look you in the eye.

4. **No assumptions:** make no assumptions about a person's concepts of health, illness or means to prevent or cure.

5. **No laughing:** or joking about beliefs. Be non-judgmental.

6. **Never discount beliefs:** of folk healers, faith healers, alternative medicine/treatments and the effect on your member's health and wellbeing.

7. **Question indirectly:** about beliefs in the supernatural or non-traditional forms of cure.

8. **Family:** evaluate the value of involving the entire family in treatment.

9. **Bad news:** be restrained in relating bad news, or going into too much detail about complications.

10. **Incorporate elements:** of the person's alternative or folk medicine when not contraindicated.

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CLAS Standards

- Culturally and Linguistically Appropriate Services in Healthcare

- Culturally competent care (Standards 1-3)

- Language accessible services (Standards 4-7)

- Organizational Support for Cultural Competence (Standards 8-14)

- The 14 Standards are included in the next four slides for your reference

- To access the full report go to:

  http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf

Origination of CLAS Standards

- The Department of Health and Human Services is responsible for the Office of Minority Health (OMH).

- OMH was mandated by Congress in 1994 to:

  – Develop the capacity of health care professionals to address the cultural and linguistic barriers to health care delivery.

  – Increase limited English-speaking individuals' access to health care.

- The Center for Linguistic and Cultural Competency in Health

- Care (CLCCHC) was created in response to OMH mandates.

  – CLCCHC has developed recommendations for national standards for CLAS which we follow.

Culturally Competent Care (Standards 1-3)

- **Standard 1 -** Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

- **Standard 2 -** Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

- **Standard 3 -** Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

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Language Accessible Services (Standards 4-7)

- **Standard 4 -** Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient or consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

- **Standard 5 -** Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

- **Standard 6 -** Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should **not** be used to provide interpretation services (**except** on request by the patient/consumer).

- **Standard 7 -** Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Support for Cultural Competence (Standards 8-11)

- **Standard 8 -** Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

- **Standard 9 -** Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

- **Standard 10 -** Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

- **Standard 11 -** Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Organizational Support for Cultural Competence (Standards 12-14)

- **Standard 12 -** Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS related activities.

- **Standard 13 -** Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

- **Standard 14 -** Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

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Additional Resources

THANK YOU

"Diversity is anything that's different-it goes beyond race and ethnicity to different ways of thinking, doing and behaving. We take an approach that enables people to understand, respect and appreciate differences. When they do this, they are able to work with other people on their terms - and other people are able to work with them." Enrique Garcia Bejar

Additional Resources

- http://www.ncbi.nlm.nih.gov/books/NBK44249/

- http://www.ncbi.nlm.nih.gov/books/NBK207191/

- http://www.ncbi.nlm.nih.gov/books/NBK207188/#part1_ch4.s14

- https://www.thinkculturalhealth.hhs.gov/resources/presentations

- http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/cultural/AllStates_pca16838_ada_cc_provider_overview.pdf

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Questions?

If you have any questions, please contact the Network Trainer:

Email: training_bhnetwork@uhc.com

Note: As a behavioral health network provider, you are required to obtain a minimum of three (3) hours per year of cultural competency training. Please be prepared to provide proof of training upon request. For more information please visit the Cultural Competency Training Page.

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