



# Caring Across Communities

## Cultural Competence



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Alexandria, VA

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# Start with Mission & Values Statements

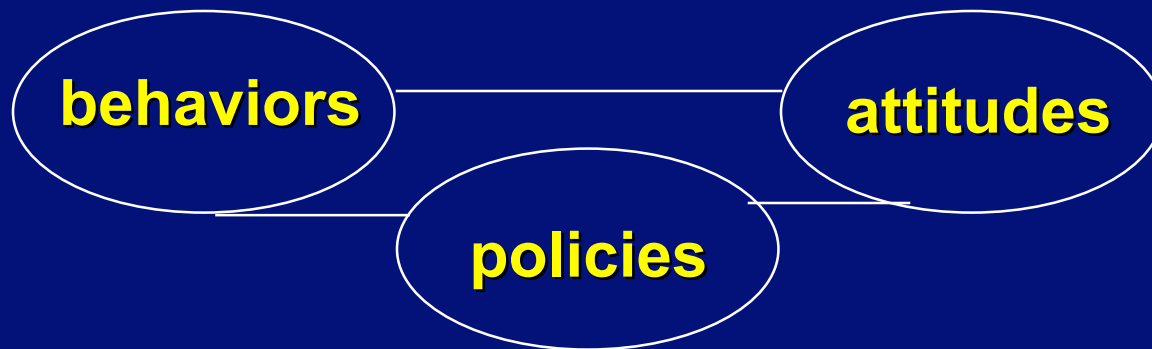
- **Mission:** Develop, support and oversee a comprehensive, community-based, consumer-driven, culturally competent ...
  - **Values:** Quality – System services and supports are responsive and cost-effective and incorporate high standards, best practice, cultural competence ...
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# Goals of Cultural Competence

- ❑ To develop a responsive system of care that addresses all stakeholders **values, beliefs, and practices** in ways that are **effective and meaningful** to them
  - ❑ To make progress to **effectively serve** those we are **responsible to serve**
  - ❑ To make cultural competence an **intrinsic function** of effective quality care
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# Definition of Cultural Competence



**Is a congruent set of behaviors, attitudes and policies that come together in a system, agency or among professionals and enables that system and agency or those professionals to work effectively in cross cultural situations**

**(Cross, Bazron, Dennis, and Isaacs, 1989)**

# Why cultural competence?

Because it is a demographic imperative!

“Melting Pot”

versus

“Fruit Salad”



# Shift in US Demographics


## Total US Population Comprised by Different Groups (in Millions)


	1996		2050	
■ Hispanic	27.8	10.5%	96.5	24.5% ↑
■ African American	32.0	12.1%	53.6	13.6%
■ Asian and Pacific Islander	9.1	3.4%	32.4	8.2%
■ American Indian, Eskimo, and Aleut	2.0	0.7%	3.5	0.9%
■ White	194.4	73.3%	207.9	52.8% ↓
■ Total	265.3	100%	393.9	100%

Source: US Bureau of Census, 1996. Hispanic can be any race:  
data for all other groups are non-Hispanic.



# Rationale for Cultural Competence in Mental Health Care

- ❑ Respond to current and projected demographic changes
  - ❑ Eliminate long-standing health disparities
  - ❑ Improve quality of services and health outcomes
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# Rationale for Cultural Competence in Mental Health Care (continued)

- ❑ Meet legislative, regulatory and accreditation mandates
  - ❑ Gain a competitive edge in the market place
  - ❑ Decrease risk of liability/malpractice
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## Developing your cultural competence action plan:

- An imperative ... with a long-term payoff
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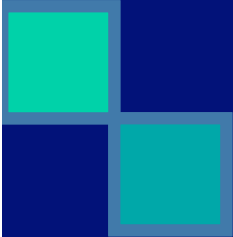



## Organize an “Advisory Cultural Competence Committee”

- students
  - family members
  - providers of mental health services
  - community leaders
  - teachers
  - and other stakeholders.
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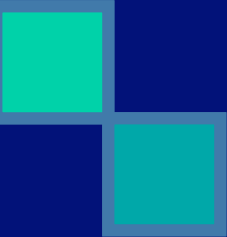


# Mandate of the Committee

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- to develop organizational goals and objectives;
  - to propose policies specific to culturally competent programs and services;
  - to conduct organizational and community needs assessments;
  - to identify the mental health services needs of the school or school system;
  - to develop accountability measures; and
  - to assist in monitoring and evaluating services.
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## 7 Cultural Competence Domains



The action plan should revolve around the seven domains of cultural competence. These domains are proposed by the Bureau of Primary Health Care to guide the development of cultural competence in organizations, they include:

(i) values and attitudes, (ii) communication styles, (iii) community/consumer participation, (iv) physical environment, (v) policies and procedures, (vi) population-based clinical practice, and (vii) training and professional development.





# 1. Values and Attitudes

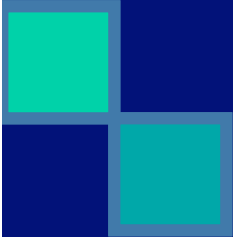


(Name) and its affiliates will promote practices that foster mutual respect between staff and consumers.






## 2. Communication Styles



(Name) and its affiliates will demonstrate competence (attitudes and behaviors) in communicating with individuals of different languages and cultures, and exhibit the sensitivity to use alternatives for written communication with some clients.



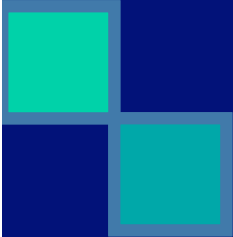


## **3. Community and Consumer Participation**


(Names) and its affiliates will actively and continuously involve community leaders and consumers in the development, implementation and evaluation of policy, practices and program interventions. Program participants involved in decision making processes are more invested in the success of the program; hence, health status outcomes are improved.



## 4. Physical Environment



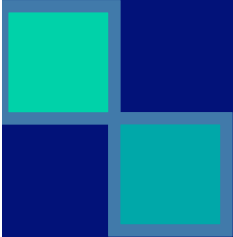
(Name) and its affiliates will develop and/or secure materials and resources that are culturally and linguistically appropriate responsive, including interior design, pictures, posters and artwork, as well as magazines, brochures, audios tapes, videos, and literacy-sensitive print information that is in agreement with the cultures and languages of the populations served.








## **5. Policies and Procedures**



**These include written policies, procedures, mission statement, goals, and objectives that incorporate cultural and linguistic principles and practices, including hiring multi-cultural and multi-lingual staff reflective of the community, clinical protocols, orientation, community involvement and outreach.**



## **6. Population-Based Clinical Practice:**

**Promote practices that avoid the misapplication of scientific knowledge and the stereotyping of group members while still appreciating the importance of cultural diversity. Culturally skilled practitioners have good knowledge and understanding of their own world views, have specific knowledge of the particular groups with which they work, understand sociopolitical influences, and possess distinct skills (intervention techniques and strategies) needed in working with culturally diverse groups.**



## 7. Training and Professional Development

(Name) and its affiliates will require all employees to participate in cultural competence training opportunities.





## In Caring Across Communities

■ **Cultural  
Competence  
Matters!**

