

Case Comprehensive Cancer Center Cultural Competency Series

January 2015 (Parts I and II)

Cultural Competency

Adapted from U.S. Department of Health and Human Services; National Institutes of Health (NIH) and from the Center for Effective Collaboration and Practice (CECP)

What is cultural competency?

Culture has been defined as an integrated pattern of learned beliefs, values and behaviors that can be shared among groups (Betancourt, et.al, 2005). It involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups. For the provider of health information or health care, these elements influence beliefs and belief systems surrounding health, healing, wellness, illness, disease, and delivery of health services.

Cultural competency is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross, Bazron, Dennis, & Isaacs, 1989). The concept of cultural competency has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients.

Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of health care; thereby producing better health outcomes (Davis, 1997). The word **culture** is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word **competence** is used because it implies having the capacity to function effectively.

Cultural competency as a process

Several definitions view cultural competency as the “the ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, community). This ongoing process involves the integration of cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire.” (Campinha-Bacote J., 2002). The process requires individuals to be motivated to make a commitment to engage in continuing self-study and taking the initiative to respectfully interact with people of various cultural groups.

Why is cultural competency important?

Cultural competency is critical to reducing health disparities and improving access to high-quality health care, health care that is respectful of and responsive to the needs of diverse patients. When developed and implemented as a framework, cultural competence enables systems, agencies, and groups of professionals

to function effectively to understand the needs of groups accessing health information and health care or participating in research-in an inclusive partnership where the provider and the user of the information meet on common ground.

Institutions recognize the challenge presented by the health care needs of a growing number of diverse racial and ethnic communities and linguistic groups, each with its own cultural traits and health challenges. Institutions also recognize the need to apply research advances in such a way as to ensure improved health for all Americans.

Can cultural competency make a difference?

Cultural competence benefits consumers, stakeholders, and communities and supports positive health outcomes. Because a number of elements can influence health communication—including behaviors, language, customs, beliefs, and perspectives—cultural competence is also critical for achieving accuracy in medical research. Poor planning in medical research, planning that does take into account principles of cultural competence, may yield inaccurate results.

What are the elements contributing to a system's cultural competency?

Five essential elements contribute to a system's, institution's, or agency's ability to become more culturally competent which include:

1. Valuing diversity;
2. Having the capacity for cultural self-assessment;
3. Being conscious of the dynamics inherent when cultures interact;
4. Having institutionalized culture knowledge;
5. Having developed adaptations to service delivery reflecting an understanding of cultural diversity.

These five elements should be manifested at every level of an organization including policy making, administrative, and practice. Further these elements should be reflected in the attitudes, structures, policies and services of the organization (Cross, Bazron, Dennis, & Isaacs, 1989).

How does cultural competency differ from other related terms?

Adapted from the Center for Effective Collaboration and Practice (CECP)

The idea of more effective cross-cultural capabilities is captured in many terms similar to cultural competence. Cultural knowledge, cultural awareness, cultural humility and cultural sensitivity all convey the idea of improving cross-cultural capacity as illustrated in the definitions listed below. For the purpose of this series, the term cultural competence will be used because along with its focus on awareness, knowledge, and skill, it encompasses all of the other related terms. Cultural competence emphasizes the idea of effectively operating in different cultural contexts. Knowledge, sensitivity, and awareness do not include this concept.

Cultural Knowledge: Familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of another ethnic group (Adams, 1995).

Cultural Awareness: Developing sensitivity and understanding of another ethnic group. This usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relation to others. Cultural awareness must be supplemented with cultural knowledge (Adams, 1995).

Cultural Sensitivity: Knowing that cultural differences as well as similarities exist, without assigning values, i.e., better or worse, right or wrong, to those cultural differences (National Maternal and Child Health Center on Cultural Competency, 1997).

Cultural Humility: Incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations (Tervalon & Murray-García, 1998).

Cultural competency and the research process

Cultural Competence in Research: Annotated Bibliography. The Harvard Clinical and Translational Science Center (2009 & 2010)

Cultural Competence in research is the ability of researchers and research staff to provide high quality research that takes into account the culture and diversity of a population when developing research ideas, conducting research, and exploring applicability of research findings. Cultural competence in research plays a critical role in study design and implementation process, including the development of research questions and hypotheses, outreach and recruitment strategies, consent activities, data collection protocols, analyzing and interpreting research findings, drawing conclusions and presenting results. Altogether, cultural congruence in these research processes helps to ensure the research is applicable to diverse populations and if necessary can be adapted to meet the target population's social, cultural and linguistic needs. Depending on the type of research, cultural competence can be crucial to successfully recruiting and retaining diverse individuals as study subjects.

Cultural competence is critical for researchers to ensure:

- Effective communication and interaction between researchers and study participants
- Adequate analysis and interpretation of results as they relate to the patient/population impact
- Appropriate engagement in study design and implementation for community/population based research.

In addition, cultural competence could help to improve participation of minority populations in these studies, ensuring that different subgroups in the population are represented proportionally in research studies.

CULTURAL COMPETENCY AND THE RESEARCH PROCESS

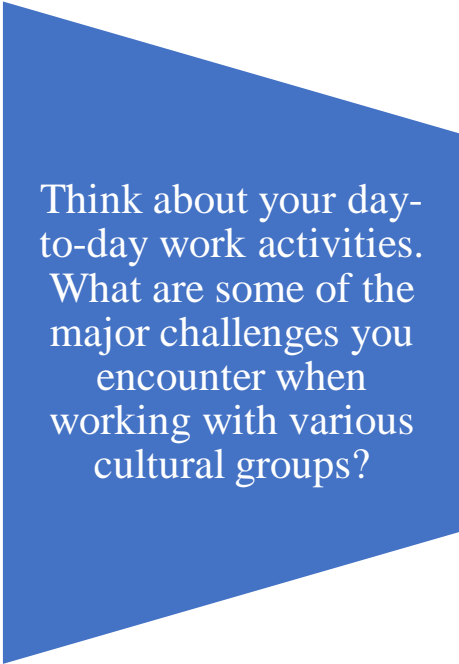


Cultural Competency in ACTION: Steps to start your journey!


Each feature will include information to help you:

- Reflect upon the information and how it applies to you and your personal and professional environment.
- Identify strategies to assist you in the process of integrating cultural considerations into your research efforts.

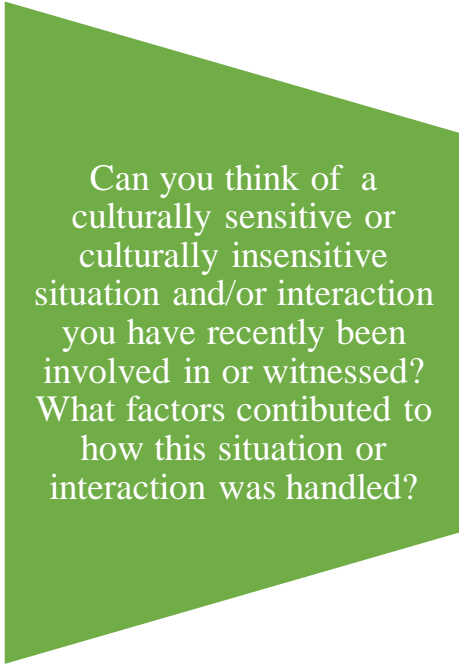
Based on the information presented in this month's feature, consider the following:



Think about your day-to-day work activities. What are some of the major challenges you encounter when working with various cultural groups?

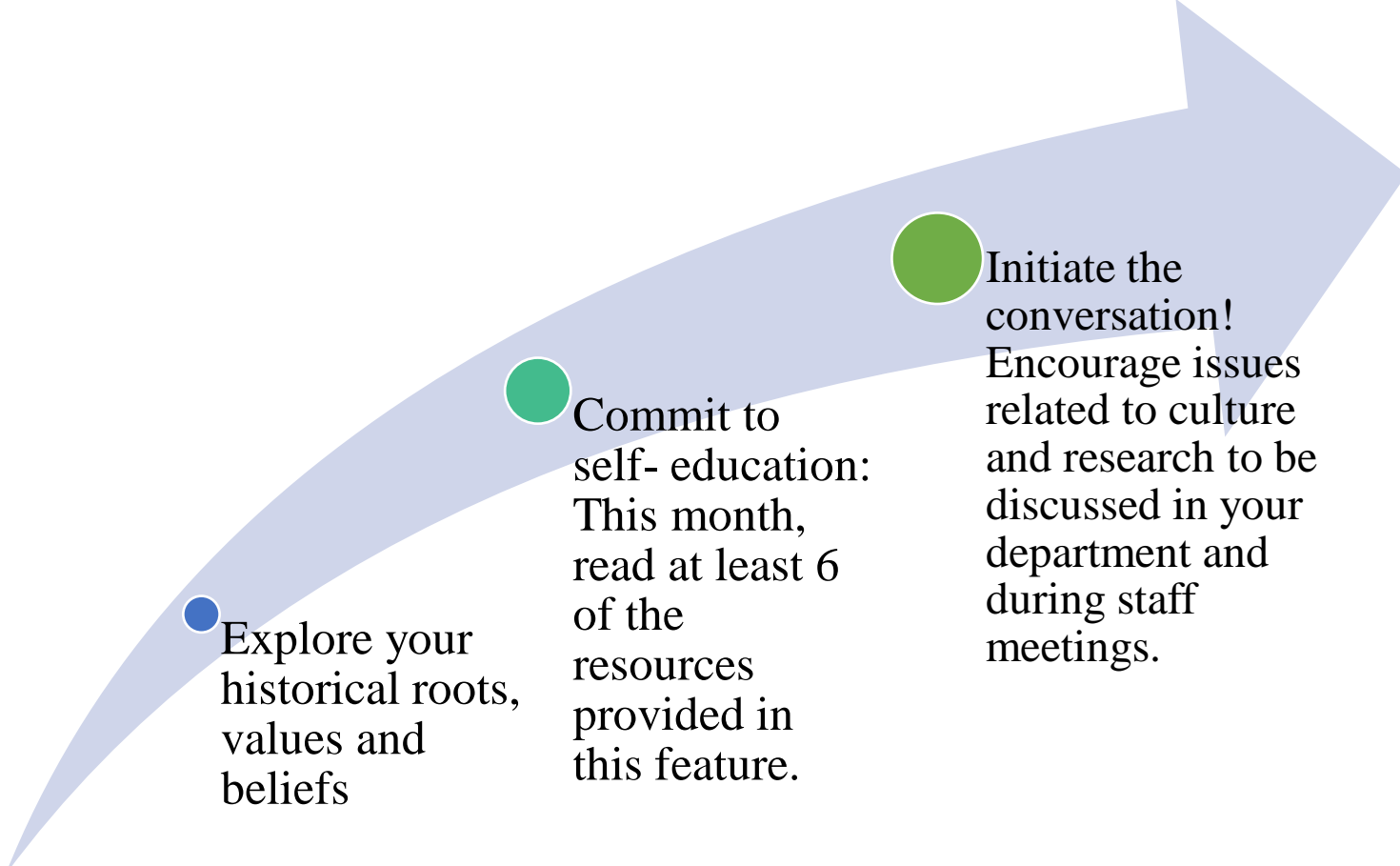


Think about all the aspects of culture. Do you feel comfortable discussing issues related to culture with participants and/or colleagues in your department?



Can you think of a culturally sensitive or culturally insensitive situation and/or interaction you have recently been involved in or witnessed? What factors contributed to how this situation or interaction was handled?

Starting the Process: What Can I Do?



Explore your historical roots, values and beliefs

Commit to self- education:
This month, read at least 6 of the resources provided in this feature.

Initiate the conversation!
Encourage issues related to culture and research to be discussed in your department and during staff meetings.


References

U.S. Department of Health and Human Services; National Institutes of Health (NIH)

<http://www.nih.gov/clearcommunication/culturalcompetency.htm>

- The Center for Effective Collaboration and Practice (CEC): <http://cecp.air.org/>
- Betancourt, J. R., Green, A. R., Carrillo, J. E., & Park, E. R. (2005). Cultural competence and health care disparities: key perspectives and trends. *Health Affairs*, 24(2), 499-505.
- Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a Culturally Competent System of Care, Volume I*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- Davis, K. (1997). Exploring the intersection between cultural competency and managed behavioral health care policy: Implications for state and county mental health agencies. Alexandria, VA: National Technical Assistance Center for State Mental Health Planning.
- Campinha-Bacote, J. (2002). The process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care. *Journal of Transcultural Nursing*, 13(3), 181-184.
- Diane L. Adams (Ed.). (1995). *Health issues for women of color: A cultural diversity perspective*. Thousand Oaks: SAGE Publications.
- Texas Department of Health, National Maternal and Child Health Resource Center on Cultural Competency. (1997). *Journey towards cultural competency: Lessons learned*. Vienna, VA: Maternal and Children's Health Bureau Clearinghouse.
<http://www.ncccurrricula.info/culturalcompetence.html>
- Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9 (22), 117-125.
- Cultural Competence in Research: Annotated Bibliography. The Harvard Clinical and Translational Science Center (2009 & 2010); <https://catalyst.harvard.edu/pdf/diversity/CCR-annotated-bibliography-10-12-10ver2-FINAL.pdf>
- O'Brien, R.L., Kosoko-Lasaki, O., Cook, C.T., Kissell J., Peak F., Williams, E.H. (2006). Self-assessment of cultural attitudes and competence of clinical investigators to enhance recruitment and participation of minority populations in research. *Journal of National Medical Association*, 98(5), 674-682.

Resources

- [National Center for Cultural Competence](#) 
Much of the information widely used concerning cultural competency derives from groundbreaking series of monographs on development of a culturally competent system of care called, *Towards a culturally competent system of care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed* (Terry L. Cross *et al.*, 1989).
- ["Improving Cultural Competency: Overview and Introduction," National Diabetes Education Program](#)
- ["Cultural Competency," Multi-Cultural Resources for Health Information available from the National Library of Medicine](#)
- ["Culture, Diversity & Health Disparities in Medicine," Bioethics Resources on the Web](#)

Katrice D. Cain, MA and Mary Ellen Lawless, MA, RN, slide presentation from the Case CCC Continuing Education Session for Seidman Cancer Center (SCC) and Taussig Cancer Center (TCC) Clinical Trial Units (CTU), May 2013

The slides from the presentation entitled, “Cultural Competency in Research” can be accessed at: https://research.case.edu/Education/CREC_Video.cfm (Cultural Competency in Research: Katrice Cain and Mary Ellen Lawless’s Powerpoint Handout). Viewing the slide presentation and taking an online quiz will allow you to receive 3 Continuing Research Education Credits (CRECs).

Katrice D. Cain, MA, is a Program Development Manager at the Center for Reducing Health Disparities

Mary Ellen Lawless, MA, RN, is a Research Nurse for Case Western Reserve University and Manager, Community Development and Programming at the Case Center for Reducing Health Disparities

Case Center for Reducing Health Disparities was created in 2004 by Case Western Reserve University (CWRU) and MetroHealth Medical Center (MHMC). Starting in 2007, the Case Center for Reducing Health Disparities has been funded through a P60 grant and Clinical & Translational Science Collaborative (CTSC) from the National Institutes of Health (NIH).