

Cultural Competency: An Ongoing Process



Original Author:
Christina Grey (2012)

Edited (2013) by:
Betsy Frederick
Kimberly Dale
Sadye Paez Errickson

Outline

- Village of 100
- Rationale
 - APTA Vision and Ethical Obligations
- Definitions
- Disparities
- Models
 - Campina-Bacote's Model, The Cultural Iceberg
- Developing Skills
- Skin Assessment

Objectives

- Understand ethical obligations in regards to the APTA
- Demonstrate increased cultural awareness as it relates to the various models presented
- Define culture and cultural competency
- Explore and understand your own culture
- Understand the importance of cultural competency and how it relates to health care
- Become aware of the opportunities at UNC to increase cultural competence

Village of 100

Let's imagine that the Earth's population has been shrunk to a village of 100 people. What would the world look like?
Fill in the blanks with what you think on a piece of paper

Out of 100 people, how many would be:	Out of 100 people, how many would:
Asians _____	Live in an Urban Area _____
European _____	Live without Basic Sanitation _____
North Americans _____	Suffer from Malnutrition _____
South Americans and Caribbean _____	
Female _____	Own a Computer _____
Male _____	Have an internet connection _____
Non-Christian _____	
Christian _____	
Unable to Read _____	59% of the world's wealth would be in the hands of how many people? _____



Village of 100 Answers

Rationale

APTA Vision 2020 and Cultural Competence

(American Physical Therapy Association 2012)

”Physical therapists will provide culturally sensitive care distinguished by trust, respect, and an appreciation for individual differences.”

APTA's Prospective (American Physical Therapy Association, 2008)

- Cultural Competency
 - Critical core component of professional practice
 - Meet the needs of racial and ethnic minorities
 - Part of “best practice”
 - Cultivated within the individual
 - Included in educational programs
 - Regulated by CAPTE

APTA's Code of Ethics

(American Physical Therapy Association, 2012)

- **Principle 1B**
- Physical therapists shall recognize their personal biases
- Shall not discriminate against others
 - Physical practice
 - Consultation
 - Education
 - Research
 - Administration

APTA's Code of Ethics (American Physical Therapy Association, 2012)

- **Principle 8B**
- Physical therapists shall advocate to:
 - Reduce health disparities and health care inequalities
 - Improve access to health care services
 - Address the health, wellness, and preventive health care needs of people.²



WHAT is the APTA doing to achieve this goal by 2020?

Operational Plan on Cultural Competence

Goal 1:

Integrate the process of cultural competence within PT profession

- Adopt a model
- Create an education curriculum
- Educate stakeholders
- Facilitate ongoing assessment



Goal 2:

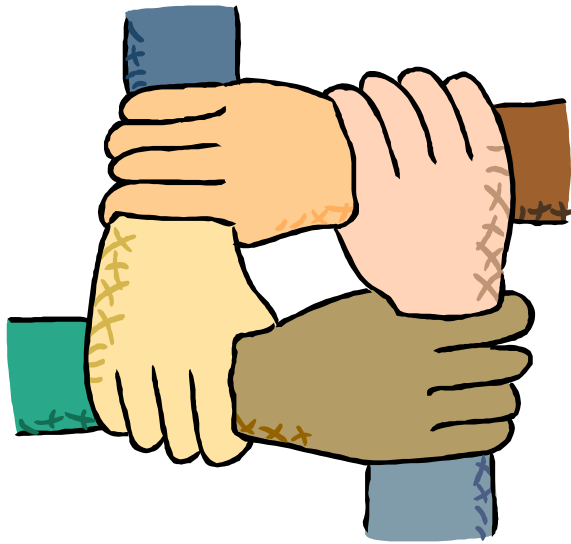


Facilitate the development of PT practices that assure PT professionals are committed to service the underserved and eliminating health disparities

- Establish a database of effective clinical practice models that serve the underserved and eliminate health disparities
- Promote awareness and utilization of the resources that are relative to delivery of culturally competent PT services

Goal 3:

Increase the number of PTs and PTAs from racial/ethnic minority groups to reflect the changing demographics of the US society.



- ID strategies for recruitment and retention of PTs and PTAs from racial/ethnic minority groups
- ID benefits and barriers to APTA membership/governance/participation
- Assess our "welcoming quotient" and develop strategies to be more inclusive for these groups

APTA Core Values (American Physical Therapy Association, 2010)

Components related to Ethical Conduct of PT's and Diverse/Underserved Populations:

Altruism: provide pro-bono services, services to underserved and underrepresented populations

Compassion/Caring: understanding the socio-cultural influences on the individual's life in their environment

Social Responsibility: promoting cultural competence within the profession and the larger public

Common Definitions and Facts about Diversity



Common Definitions

Race



Ethnicity

Culture

Common Definitions

Race: refers only to your genetic history and identifiable physical characteristics that are separate and distinct from other races (Administration, 2008)

Ethnicity: represent a smaller subset of people than race, refers to a group's race and cultural factors *Includes*: gender roles, language, food preparation and preferences, etc. (Administration, 2008)

Culture: an integrated pattern of learned beliefs and behaviors that can be shared among groups (Smedley et al, 2000)

- It shapes how we explain and value our world
- It's the lens through which we find meaning
- goes beyond race and ethnicity
- Each one of us are influenced by and belong to multiple cultures

Living in a Diverse World

- Children (<18yo) from minorities will represent more than one half of the U.S. population by 2030.

(American Physical Therapy Association, 2008)

- Minorities will make up 40% of the U.S. population by 2035 and 47% by 2050.

(Smedley, 2000)



Year 2050 in the United States_{(Campinha-}

Bacote et al, 2000)

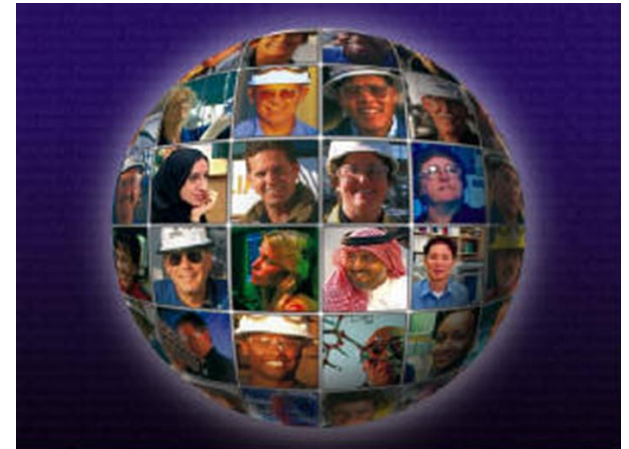
- Asian population will increase from 3% to 11%
- African Americans will increase from 12% to 16%
- Hispanics will increased from 9% to 21%
- Can we be successful if our professional demographics is different from the US's demographics?

Disparities in Healthcare (Smedley, 2000)

- Minorities receive a lower quality of healthcare when compared to non-minorities
 - when access-related factors are controlled
 - Insurance status
 - income

Important note:

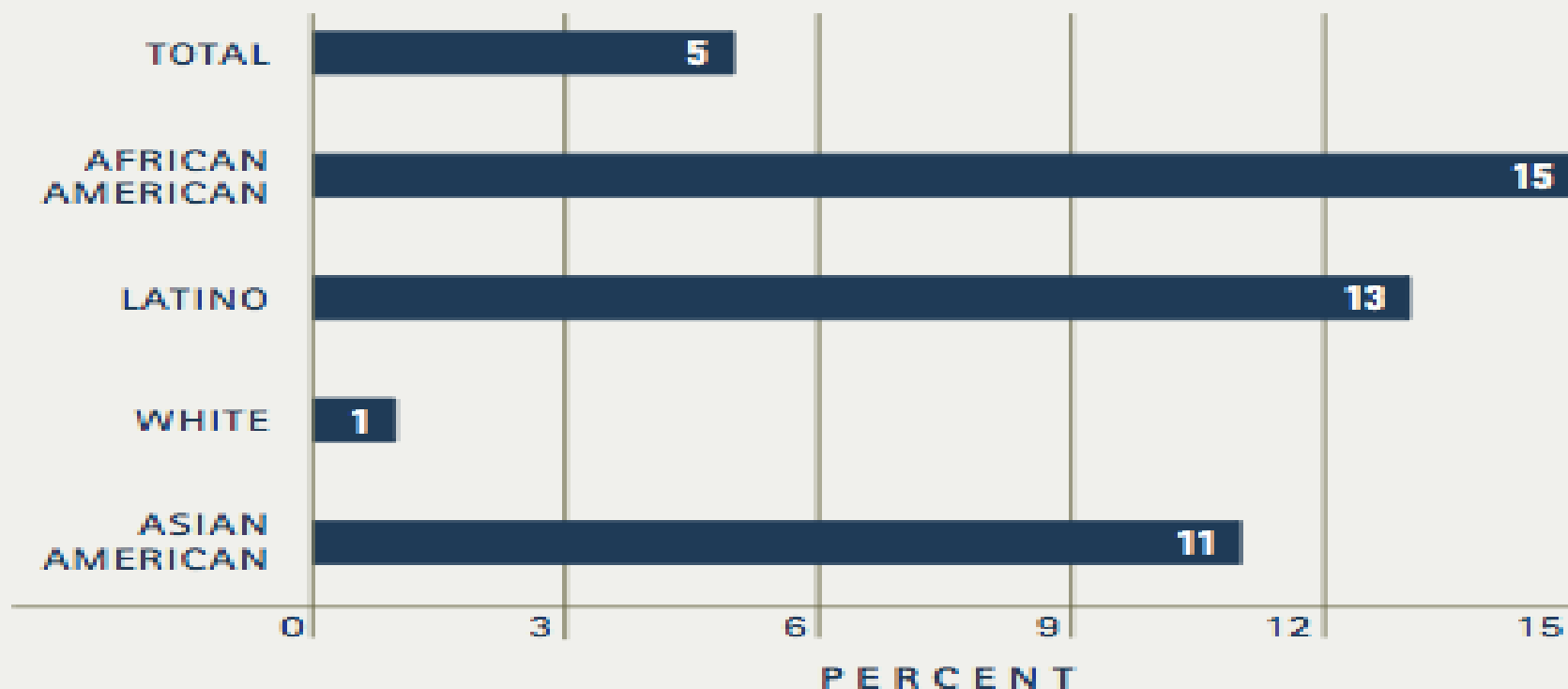
It is the responsibility of the healthcare provider to recognize these disparities and hold themselves accountable to better control them.



Racial and Ethnic Minorities are Less Satisfied with the Health Care They Receive

FIGURE 4

Proportion of people who believe they would receive better health care if they were of a different race and/or ethnicity, total and by race/ethnicity



SOURCE: Collins, K.S., Hughes, D.L., Doty, M.M., Ives, B.L., Edwards, J.N. & Tenney, K. 2002. *Diverse communities, common concerns: Assessing health care quality for minority Americans*. New York: The Commonwealth Fund.



Models of Cultural Competency

Cultural Competency Models (Kelly, 2011; Shen, 2004)

Numerous models exist to assist clinicians in becoming more culturally competent. (see next slide)

The majority of these models were developed with the focus on helping nurses in providing culturally competent care to their patients.

Examples we will use today:

Campina-Bacote's Model

The Cultural Iceberg

The Process of Cultural Competence in the Delivery of Healthcare Services Model_(Campinha-Bacote, 2002)

2002)

- **Name:** The Process of Cultural Competence in the Delivery of Healthcare Services Model
- **Creator:** Josepha Campinha-Bacote
- **Cultural Competency**
 - Ongoing Process
 - Provider continuously strives to achieve



The Process of Cultural Competence in the Delivery of Healthcare Services Model_(Campinha-Bacote, 2002)

- **Cultural Awareness:** process of self-examination of background, own culture and recognition of biases, prejudices, assumptions
- **Cultural Knowledge:** understanding health related beliefs, cultural values of our patients. Beware of stereotyping!
- **Cultural Skill:** the process of conducting a cultural assessment and culturally based physical assessment

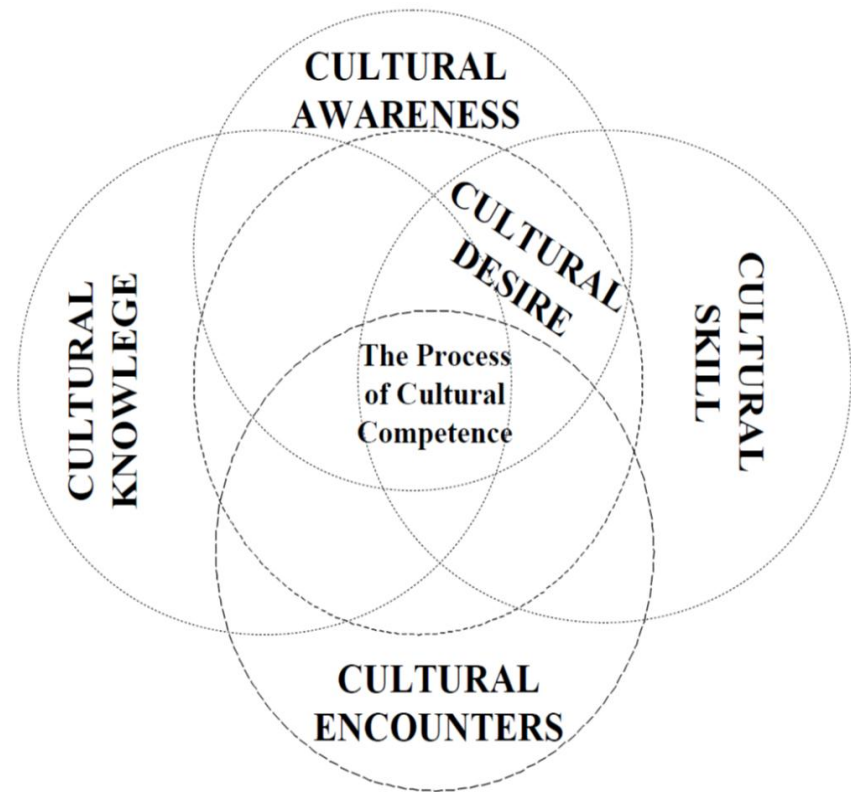
- **Cultural Encounter:** cross-cultural interactions with patients and modifying beliefs to prevent stereotyping. Includes the proper use of translators
- **Cultural Desire:** the motivation of healthcare providers to *want* to engage in processes mentioned above (awareness, knowledge, skill, encounters)



Cultural Habit: A PROCESS

"The intersection of awareness, knowledge, skill, encounters, desire"

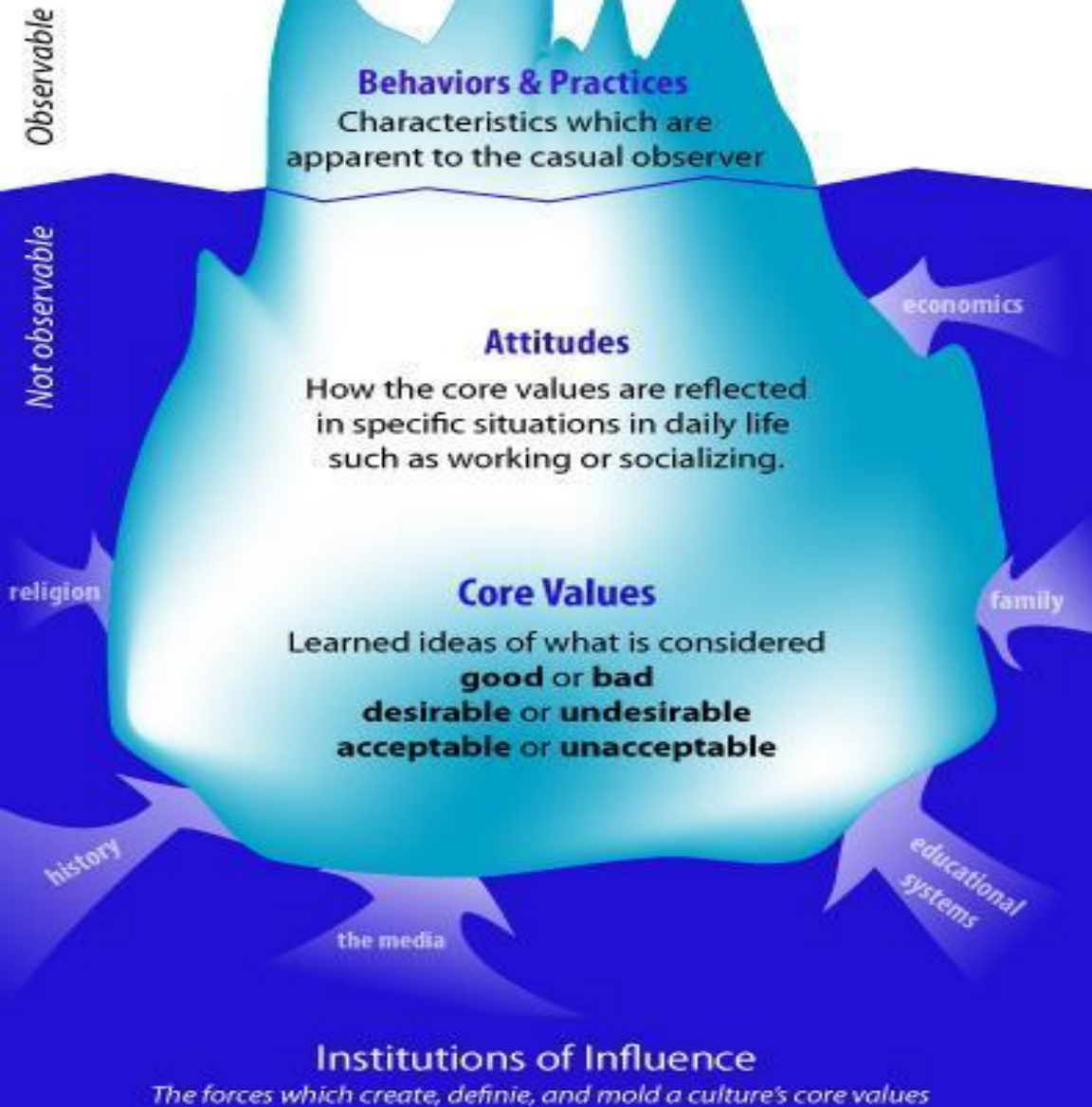
(Campinha-Bacote 2012)



Kalima Tribe (North Carolina Teaching Academy, 2012)



The Cultural Iceberg



What is your Culture?

Developing Cultural Skills



L.E.A.R.N. MODEL (American Physical Therapy Association, 2008)

- **Listen:** ask the patient with English as a second language if they would like an interpreter
- **Elicit:** the patients health beliefs as they pertain to the condition and their expectations
- **Assess:** potential attributes and problems in a person's life that may impact on health and health behaviors
- **Recommend:** plan of action with an explanation for your rationale
- **Negotiate:** plan of action with the patient after you have made recommendations

The Outside Expert (Pederson, 2003)



Cultural Assessment (Campinha-Bacote, 1996)

- An appraisal of an individual
 - Cultural beliefs, values, and practices
 - Doesn't depend only on facts
- Prevents “cultural blind spot syndrome”
- Adds meaning to behaviors
- Treatment Plan
 - Culturally responsive

Cultural Assessment (Campinha-Bacote, 1996)

- Two Guiding Principles:
 - Maintain a broad objective and an open attitude with regards to individuals and their culture
 - Avoid seeing all individuals alike



Cultural Assessment (Campinha-Bacote, 1996)

The Nine Domains of a Cultural Assessment

1. Lifestyle Patterns
2. Values and Norms
3. Cultural Taboos and Myths
4. World View and Ethnocentric Tendencies
5. General Similarities and Differences when Compared to other Cultures
6. Health and Life care Rituals; Rites of Passage to Maintain Health
7. Degree of Cultural Change
8. Caring Behaviors
9. Usage of Folk and Professional Health-Illness Systems

ETHNIC MODEL

Explanation	of the problem/condition by the client
Treatment	or home remedies used and treatment sought
Healers	and other nonprofessionals from whom client seeks advice
Negotiation	of mutually acceptable options
Intervention	that includes client's beliefs and practices
Collaboration	with client, family, healers, and community resources

Levin S, Like R, Gottlieb J. Becoming culturally competent. Department of Family Medicine, Center for Healthy Families and Cultural Diversity, University of Medicine and Dentistry of New Jersey, School Publication. New Brunswick (NJ): Robert Wood Johnson Medicine; 1998.

LEARN MODEL

Listen	to the client's perception of the problem
Explain	your (case manager's) view of the problem
Acknowledge	the similarities and differences of these two views
Recommend	options involving client's input
Negotiate	a mutually acceptable treatment plan

Berlin EA, Fowkes WC. A teaching framework for cross-cultural health care. Western J Med 1982;139:934-8.

BATHE MODEL

Background	What is going on in the client's life?
Affect	How does the client feel about the problem/condition?
Trouble	What about the situation troubles the client?
Handling	How does the client handle the problem/condition?
Empathy	Provide psychologic support to the client

Stuart MR, Lieberman JR. The fifteen minute hour: applied psychotherapy for the primary care physician. New York: Praeger Publishers; 1993.

Cultural Assessment

Mnemonics

Cultural Assessment Worksheet (Campinha-

Bacote et al, 2000)

Religion/Spirituality

- Religious preference
- Religious/spiritual beliefs or practices
- Individuals involved in spiritual/religious well-being and recovery

Etiquette and Social Customs

- Typical greeting: preferred form of address? Handshake appropriate?
- Social customs before “business”? Small talk necessary? Refreshments offered? Shoes removed in home?
- Direct or indirect communication patterns?

Communication

- Does client speak English fluently?
- Does client prefer or need a translator?
- Is client literate?

Nonverbal Patterns of Communication

- Eye contact: is eye contact considered polite or rude?
- Tone of voice: what does a soft voice or a loud voice mean in this culture?
- Personal space: is personal space wider or narrower than in the American culture?
- Facial expressions, gestures: what do smiles, nods, hand gestures, and the position of the feet mean?
- Touch: when, where, and by whom can a patient be touched?

Cultural Assessment Worksheet

(Campinha-Bacote et al, 2000)

Client's Explanation of Problem

- Diagnosis:** what do you call this illness? How would you describe this problem?
- Onset:** when did the problem start?
- Cause:** what caused the problem? What might other people think is wrong with you?
- Course:** how does the illness work? What does it do to you? What do you fear most about this problem?
- Treatment:** how have you treated the illness? What treatment should you receive? Who in your family or community can help you?
Who are your traditional practitioners?
- Prognosis:** how long will the problem last? Is it serious?
- Expectations:** what are you hoping the home care providers will do for you?

Nutrition Assessment

- Pattern of meals:** what is eaten? When are meals eaten?
- Sick foods:** what should people eat when they are sick?
- Food intolerances or taboos:** are there foods you shouldn't eat?
- Healthy foods:** what should people eat to stay healthy?

Cultural Assessment Worksheet

(Campinha-Bacote et al, 2000)

Pain Assessment

- Cultural patterns to pain:** is pain endured stoically or expressed openly?
- Client's pain response:** when did you last have severe pain? What caused it? How did you relieve it?

Medication Assessment

- Client's perception of Western medications:** are allopathic medications valued or distrusted?
- Possible biologic and genetic variations?**

Psychosocial Assessment

- Decision-maker:** are decisions made autonomously or interdependently?
Who has the final say?
- Sick role:** is the client expected to be an active participant or a passive recipient in the recovery process?
- Cultural/ethnic/religious community resources?**

Cultural Assessment (Campinha-Bacote, 1996)

- What do you call your problem? What name does it have?
- What do you think has caused your problem? What name does it have?
- What do you think has caused your problem?
- Why do you think it started when it did?
- What do you think your sickness your sickness does to you? How does it work?
- How severe is it? Will it have a short or long course?
- What do you fear the most about your sickness?
- What are the chief problems your sickness has caused for you?
- What kind of treatment do you think you should receive? What are the most important results you hope to receive from this treatment?

Reflection

- Refer back to the pre-test.
- How have your thoughts changed?
- How will this information impact you as a future clinician?

The road to becoming culturally competent is and ongoing process that we must continuously seek.



Why Wait?....

Opportunities at UNC

SHAC (Student Health Action Coalition)

website: <http://www.med.unc.edu/shac/>

Tyrell County service learning trip spring break

Blog: <http://uncservicelearning.wordpress.com/2013/03/>

Guatemala International service learning trip 3rd year

Blog: <http://uncptoutreach.blogspot.com/>

Opportunities at UNC



Underserved Clinical Rotations

Difference Matters: One hour meeting per semester provided by Allied Health Ambassadors

Community Health Fairs

Foreign language classes (elective 3rd year)



Final Thoughts



Questions?



The National Center for Cultural Competence



Cultural Competence Health Practitioner Assessment
CCHPA

Take this quiz (in your free time) to help explore your own cultural competence:

<http://nccc.georgetown.edu/features/CCHPA.html>

References:

Administration. Were You Wondering...What is the Difference Between Race and Ethnicity? 2008 Available at <http://www.wereyouwondering.com/what-is-the-difference-between-race-and-ethnicity/>. Accessed February 22, 2012.

American Physical Therapy Association: Blueprint for Teaching Cultural Competence. Updated: June 2008. Accessed April 9, 2013.

American Physical Therapy Association. Code of Ethics for the Physical Therapist. Available at http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/CodeofEthics.pdf. Accessed February 22, 2012.

American Physical Therapy Association. Committee on Cultural Competence. Blueprint for Teaching Cultural Competence in Physical Therapy Education [PDF]. 2008.

American Physical Therapy Association. Professionalism in Physical Therapy.: Core Values. http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Judicial/ProfessionalisminPT.pdf. Accessed March 5, 2013.

APTA. Operational Plan on Cultural Competence. <http://www.apta.org/CulturalCompetence/OperationalPlan/>. Updated 2011. Accessed February 27, 2013.

American Physical Therapy Association. Vision 2020. Available at <http://www.apta.org/vision2020/>. Accessed February 27, 2013.

- Blue AV et al. Applying Theory to Assess Cultural Competency. *Med Educ Online*. 2005; 10: 1-5.
- Burchum JL. Cultural Competence: An Evolutionary Perspective. *Nursing Forum*. 2002; 37: 5-15.
- Camphinha-Bacote J. A Model and Instrument for Addressing Cultural Competence in Health Care. *Journal of Nursing Education*. 1999a; 38: 204-207.
- Campinha-Bacote J. Cultural Competence: A Critical Factor in Child Health Policy. *Journal of Pediatric Nursing*. 1997; 12: 260-262.
- Campinha-Bacote J. Cultural Diversity in Nursing Education: Issues and Concerns. *Journal of Nursing Education*. 1998; 37: 3-4.
- Campinha-Bacote J. A Culturally Competent Model of Care for African Americans. *Society of Urologic Nursing*. 2009; 29: 49-54.
- Campinha-Bacote J, Campinha-Bacote D. A Framework for Providing Culturally Competent Health Care Services in Managed Care Organizations. *Journal of Transcultural Nursing*. 1999b; 10: 290-291.
- Campinha-Bacote J, Munoz, C. A Guiding Framework for Delivering Culturally Competent Services in Case Management. *The Case Manager*. 2001; 12: 48-52.
- Campinha-Bacote J, Narayan MC. Culturally Competent Health Care in the Home. *Home Care Provider*. 2000; 5: 213-221.
- Campinha-Bacote Josepha et al. The Challenge of Cultural Diversity for Nurse Educators. *Journal of Continuing Education in Nursing*. 1996; 27: 59-64.
- Campinha-Bacote J. The process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care. *J Transcult Nurse*. 2002; 13: 181-184.

Capell J, Dean E, and Veenstra G. The Relationship Between Cultural Competence and Ethnocentrism of Health Care Professionals. *Journal of Transcultural Nursing*. 2008; 19: 121-125.

Collins, KS., Hughes, dL., Daty, MM., Ives, BL, Edwards, JN, Tenney, K. 2002. *Diverse communities, common concerns: Assessing health care quality for minority Americans*. New York: The Commonwealth Fund.

Davidhizar R, Giger JN. Cultural Competency Matters. *International Journal of Health Care Quality Assurance incorporating Leadership in Health Services*. 2000: viii-xi.

National Center for Cultural Competence. Cultural Competence Health Practitioner Assessment. Georgetown University. Available at <http://nccc.georgetown.edu/features/CCHPA.html>. Accessed February 23, 2013.

Giger JN, Davidhizar R. The Giger and Davidhizar Transcultural Assessment Model. *Journal of Transcultural Nursing*. 2002; 13: 185-188.

Kelly PJ. Exploring the Theoretical Framework of Cultural Competency Training. *Journal of Physician Assistant Education*. 2011; 22: 38-43.

Koehn PH, Swick HM. Medical Education for a Changing World: Moving Beyond Cultural Competence into Transnational Competence. *Acad Med*. 2006; 81: 548-556.

Leininger M. Overview of the Theory of Culture Care with the Ethnonursing Research Method. *J Transcult Nurs*. 1997; 8:32-52.

Mancuso L. A Customized, Integrated Approach to Cultural Competence Education. *Journal of Nurses in Staff Development*. 2011; 27: 170-180.

North Carolina Teaching Academy. Kalima Story: Looking at Differences in Cultural Values [Lecture]. 2012.

Panzarella KJ, Nowakowski PE. Beginning with the End in Mind: Evaluating Outcomes of Cultural Competence Instruction [Lecture]. Buffalo, NY: D'Youville College; 2012.

Pederson PB. Ways to Teach and Train Through Multicultural Experiences [PDF]. Anaheim, California; 2003.

Purnell L. The Purnell Model of Cultural Competence. Journal of Transcultural Nursing. 2002; 13: 193-196.

Shen Z. Cultural Competence Models in Nursing: A Selected Annotated Bibliography. J Transcult Nurs. 2004; 15: 317-322.

Smedley BD et al. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health care. Washington, DC: The National Academies Press; 2000.

Staff. The Cultural Iceberg: The Cross-Cultural Connector. <http://thecrossculturalconnector.com/?tag=the-cultural-iceberg>. Published March 26, 2010. Accessed February 3, 2012.

University of Delaware. Ethnocentrism: Cultural Relativism and Human Rights. Available at www.udel.edu/anthro/budani/ethnocentrismspring2011.pdf. Accessed March 13, 2012.

Cultural Competency Models (Kelly, 2011; Shen, 2004)

- Culhane-Pera Model (Blue, 2005)
- Campina-Bacote's Model (Campinha-Bcote , 2002)
- Transnational Competency Theory (Koehn, 2006)
- Purnell Model (Purnell, 2002)
- Burchum's Model (Shen, 2004; Burchum 2002)
- Ginger and Davidhizar Transcultural Model (Ginger, 2002)
- The Culture Care Theory (Leininger, 1997)

Skin Assessment: Direct Implications^{(Campinha-}

Bacote, 2009)

*Eurocentric Approach

- Yellow (Jaundice)
 - *Liver Disorder*
- Pink and Blue (Cyanosis)
 - Lips
 - *Pulmonary Disease*

Melanocentric Approach

- Pallor
 - Darker skinned
 - Ashen
 - Absence of red tones
 - Give brown and black skin “glow” and “living color”
 - Light Skinned
 - More yellowish-brown



Skin Assessment: Indirect Implications

- There are less obvious implications in regards to our patients
- Health beliefs and individual culture vary from patient to patient
- For effective PT intervention we must recognize these differences and be able to treat with them in mind.