

# Cultural Proficiency: Fundamental Concepts

Kay Wallis, MPH

Special Projects Manager  
Curry International Tuberculosis Center  
Oakland, CA, USA



*“ I will remember that there is art to medicine as well as science, and that warmth, sympathy, and **understanding** may outweigh the surgeon’s knife or the chemist’s drug.”*

Hippocratic Oath (modern version, 1964)

# Learning objectives...

At the end of the presentation, participants will be able to:

- explain how cultural proficiency can strongly influence the quality and outcomes of client-centered TB care
- list 5 ways people culturally identify themselves
- name 3 approaches to learn more about the cultures represented in patient populations
- describe 4 specific strategies for interacting effectively with patients from diverse cultures

# My ulterior motives...

- That your interest in cross-cultural learning will be **reignited**
- That you will be **inspired** to express this interest within your work settings
- That you and your agencies will become **even better equipped** to create “cultural safety” for your patients

# During our time today...

**Culture and its powerful impact on TB care**



# During our time today...

Many layers of cultural identity...



# During our time today...

---

**Ways to learn more about the cultures of your patients**



# During our time today...

**Ways to build rapport with culturally diverse patients...**



# No can do today...

---

- Learn CULTURALLY-SPECIFIC information about your patients' many cultures
- Discuss the many challenges of LANGUAGE INTERPRETATION
- Make cross-cultural interactions SIMPLE



**Pursuing cultural proficiency...**

**WHY?**

# We all know the reasons...

- Improved use of health services
- Better compatibility between western and traditional health practices
- Improved adherence
- Reduced delays in seeking care
- Gathering important information from the patient
- Developing treatment plans that will be followed by the patient and supported by the family
- Improved patient satisfaction
- Improved staff efficacy and morale
- Cost savings (sometimes)



**We live in a time of  
division and upheaval...**

# ***The challenge we now face...***

- To **deepen** our understanding of culture and its impact on TB care
- To maintain an **ongoing curiosity** for learning about our patients' cultural identities
- To commit to a **continuing process** for enhancing our cross-cultural skills



What is **culture**?

# Culture is a **social construct**

DNA sequences: **Humans are 99.5% similar.**



# What is Culture?

---

Culture is a group's **design for living**; its assumptions about the world, about **other people** and the **meaning of life**, about what is **right and wrong**.



# What is Culture?

---

Culture is the **integrated pattern of human behavior** that includes **thought, speech, action,** and **artifacts.**



# What is Culture?

---



Culture takes into account the **customary beliefs, social norms, and material traits** typical of a population or community **at a given time.**

# **Cultural identity** can be based on...



...geography

...language

...ethnicity

# Cultural identity can be based on...



<http://thepaintedone.wordpress.com>

...religion

# Cultural identity can be based on...



<http://cindyking.biz/cross-cultural-skills>

...interests

# Cultural identity can be based on...



Reuters

... socio-economic status

# Cultural identity can be based on...



... ability and disability



Our patients also come from vulnerable  
**SUB-POPULATIONS**

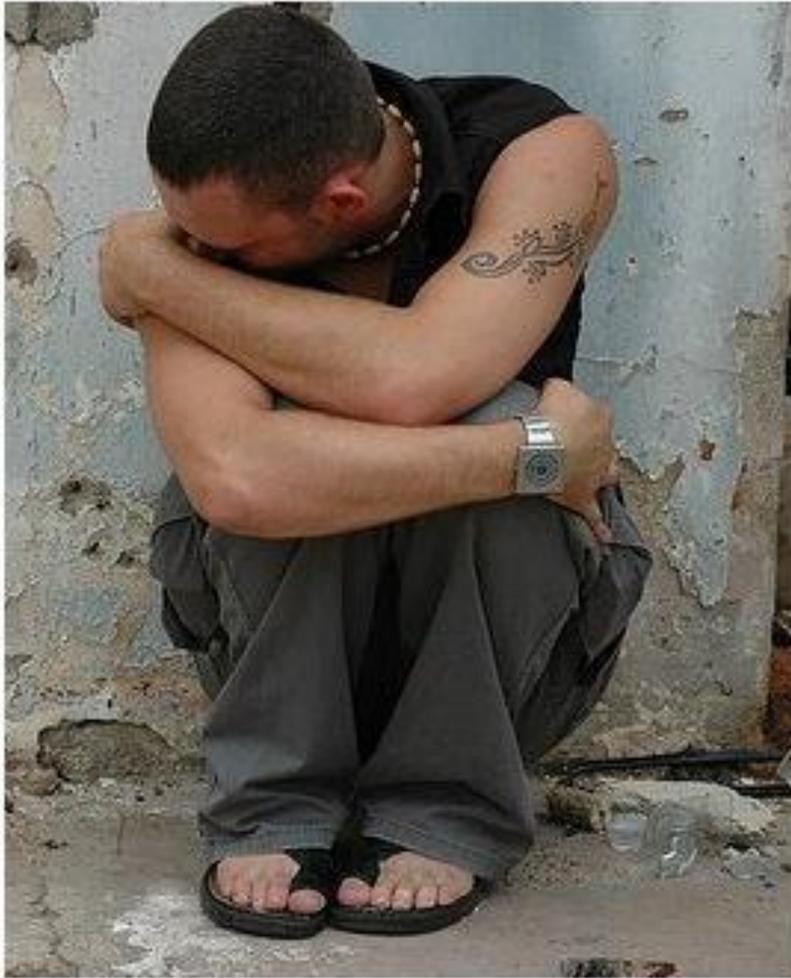


# Immigrants





*"Well, they look pretty undocumented to me."*



**substance users**

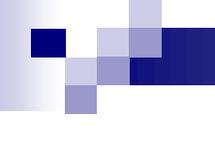


<http://www.triplepundit.com>

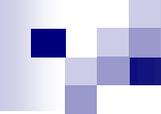
# incarcerated



**homeless**



Which **CULTURES**  
do your patients  
represent?



**“Cultural Competence”**

**“Cultural Humility”**

**“Cultural Sensitivity”**

**“Cultural Proficiency”**

# What is Cultural Proficiency?

---

A set of **behaviors, attitudes, and policies** that enable us to **work effectively in cross-cultural situations.**



# Cultural Humility

---

I am **sensitive** about the **impact** that culture can have on a situation; I am **knowledgeable (or learning)** about culture and its impact; I am **skillful** at managing that impact; and I realize that cultural humility is a **lifelong** pursuit.



**Cultural  
humility is  
an INPUT...**



**Cultural  
safety  
is an  
OUTPUT**

# Cultural Safety

When patients feel **safe** and **accepted** as who they are in terms of their cultural identities and behaviors

How **respected** and **assisted** do our patients feel?

Are patients' **cultural values** and **preferences** taken into account during our encounters?

Jessica Ball, MPH, PhD, U. Victoria.  
<http://www.ecdip.org/culturalsafety/>



**Cultural  
safety is  
part of  
patient-  
centered  
care (PCC)**



**PCC  
improves  
health  
status**

# Cultural safety recognizes **power**

---

- I see the **power imbalances** that exist in the patient-provider dynamic.
- I acknowledge that members of **dominant groups** have inherent **privileges** (social power) that others do not have.
- I commit to being an **ally** to oppressed groups in our collective struggle for justice.
- I understand that it is in **my own best interest** to oppose all forms of oppression.

Worried since the election? Here are the facts.

# You're Safe Here!



**Your health  
coverage  
has not changed.**

**You can  
continue to  
receive care here.**

**San Francisco is  
and will always be  
a sanctuary city.**

**We are  
here for you.**

Your San Francisco Department of Public Health providers including clinics, health centers, and hospitals are committed to our tradition of creating an inclusive, safe, and welcoming space for everyone who walks through our doors.

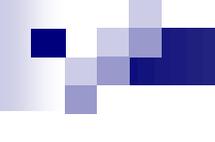


San Francisco Department of Public Health

Nov 17, 2016

Before we focus on the “other”...





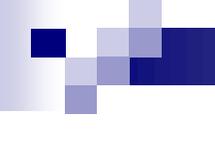
STEP 1:

Recognize how

**my own cultural identity**

might impact my

interactions with patients



***Share with your partner:***

**1 cultural identity that applies to you.**

***Discuss with your partner:***

- **Could this cultural identity impact my interactions with patients?**
- **If so, what might the impact be?**



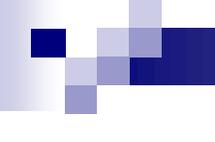
STEP 2:

Learn about my patient's

**cultural context**

**We can't be experts** about all cultures, so we work with **people who can explain, interpret, and mediate** between us and a patient from another culture.





## AT THE SAME TIME...

If we **learn as much as possible about our patients' cultures**, we can work effectively with interpreters and cultural mediators, and we can **build trust and rapport** with patients.

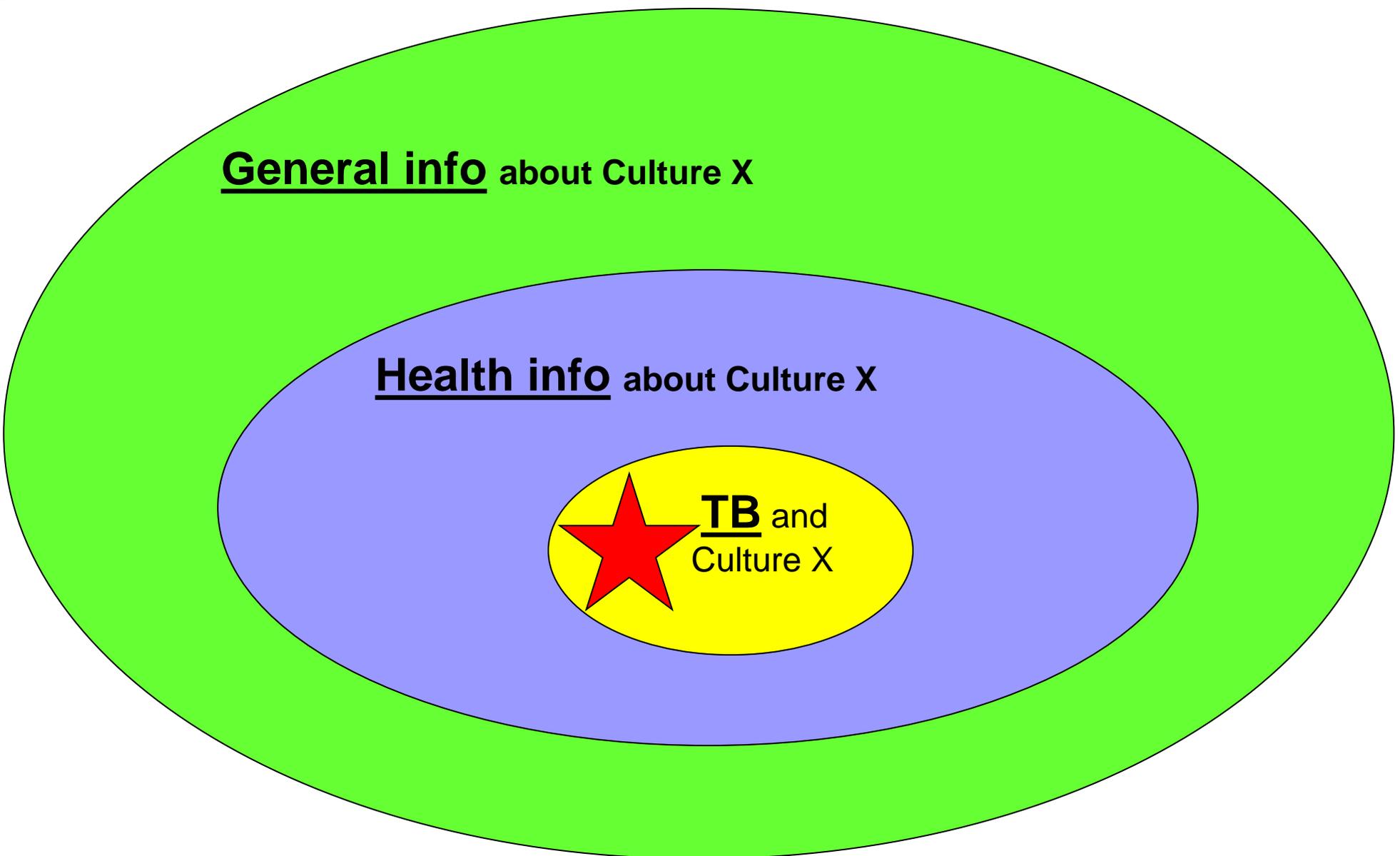
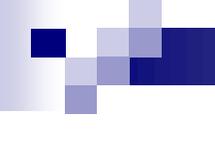
---

**Learning more about  
my patients'  
cultures...**



***“I’m a busy public health nurse,  
not Margaret Mead!”***

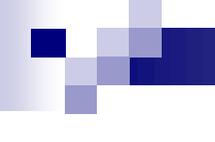




**General info** about Culture X

**Health info** about Culture X

**TB** and  
Culture X



*How can we learn  
more about  
**Culture X?***

- 
- Google (with a grain of salt)
  - RTMCC and CDC materials
  - *Ethnomed; The Cross Cultural Health Care Program*
  - Other health programs that work with this culture
  - Community agencies that work with this culture
  - Movies, books, television from that culture
  - Festivals, special events
  - Wherever this group congregates (cafe, temple, park, etc.)



 Pick a Language

Amharic

Chinese\*

Khmer

Oromo

Russian

Somali

Spanish

Tigrigna

Vietnamese

| [About the Project](#)



## 👉 Choose a Phrase | Chinese

- Hello.
- Pleasure to meet you.
- Good to see you again.
- See you next time.
- I'll be back soon.
- Take care.
- I'm Dr. \_\_\_\_\_.
- I'm Nurse \_\_\_\_\_.
- You are in \_\_\_\_\_ Hospital.
- We are here to help you.
- An interpreter has been called.



Healthcare in Every  
Community, Every  
Community in  
Healthcare



### Upcoming Events

#### Upcoming Trainings

**Bridging The Gap: Medical Interpreter  
Training**

September 15- 19, 2014 in Seattle, WA

**Connecting to Care: Patient Guide  
Training**

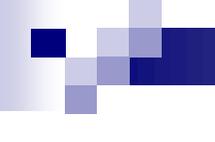
## Connecting to Care: Patient Guide Training Program

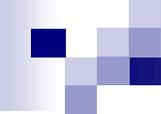
For more than 21 years, the Cross Cultural Health Care Program has defined the field of medical interpreter training through *Bridging the Gap*. Building on its expertise in the field, CCHCP has launched its newest training program: *Connecting to Care*. It is the first workforce development program of its kind to give medical interpreters additional skills to become patient navigators inside the health care facilities where they work.

*Connecting to Care* was created for experienced medical interpreters to enhance their daily work with patients and the entire treatment team. The advanced 4-day course expands the interpreter's knowledge base to include advanced cultural and health care system competence and patient education.



*What should we  
learn about  
**Culture X?***

- 
- Etiquette that generates trust
  - Types of healers
  - Roles of healer/patient
  - Illness beliefs, explanatory models
  - Treatment practices

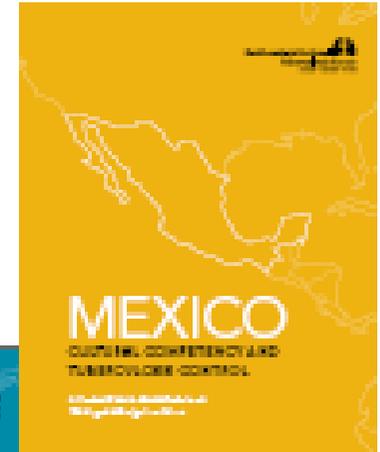
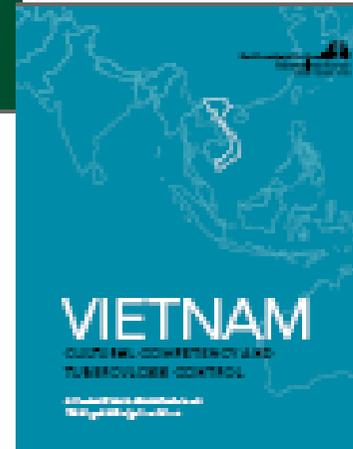
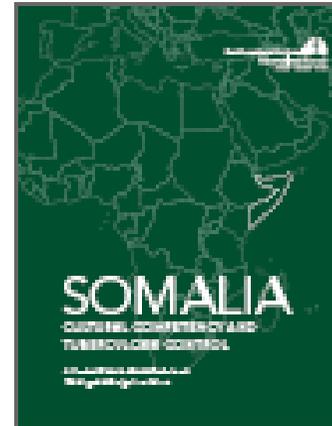
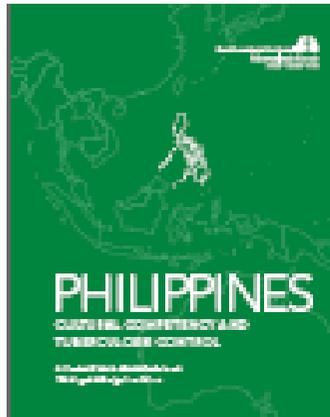


Learn the **history** of the group's experience with government policies and health care...

- **The Tuskegee Study**
- **Indian residential schools**
- **Forced sterilization** (incarcerated patients; patients with mental illness)

# Country Guides

*(free from the Southeastern National TB Center)*



19 countries to choose from

Download or order from:

<http://sntc.medicine.ufl.edu/Products.aspx>

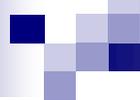
# Promoting Cultural Sensitivity: A Practical Guide for Tuberculosis Programs

*(free downloads from the CDC Division of TB Elimination)*



6 countries to choose from  
Download from:

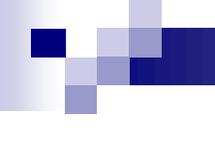
<http://www.cdc.gov/tb/publications/guidestoolkits/EthnographicGuides/default.htm>



# STEP 3:

## **Build rapport and trust** with my patient

**Special thanks to:** Stephanie Spencer, MA; Program Liaison  
California TB Control Branch



What things would be **helpful**  
**to know** about the cultural  
identity of my patient?

- Patient's personal history
- Immigrant? Refugee?**
- From what country? From what region there?
- Ethnicity**
- First and/or preferred language
- How long in U.S.?**
- Educational level
- Profession or professional training**
- Religious beliefs and practices
- Gender identification**
- Family structure, relationship/parenting status
- Literate? In which language(s)?**
- Experience with biomedicine, health beliefs

# What is my patient's perspective?

- *What do you think has caused your problem?*
- *What do you call it?*
- *Why do you think it started when it did?*
- *How long do you think it will last?*

# Ask about the patient's agenda

- *How can I be most helpful to you?*
- *What is most important for you?*



# What is my patient's perspective?

- Ask what the patient does to feel better...
  - *Have you seen anyone else about this problem besides a physician?*
  - *Have you used other remedies or treatments?*
- Use this information to **negotiate** a treatment plan



# Translated patient materials

---

와 결핵에 대한 실상  
**BCG**는 무엇입니까?

---

**BCG**는 “**bacilli Calmette-Guerin**” 백신의 약자입니다. **BCG**는 결핵을 방지하기 위해 주어집니다. 결핵이 흔히 있는 나라에서는, 많은 사람들이 **BCG** 백신을 받습니다. 미국에서는 자주 사용되지 않습니다.

저의 결핵 피부 검사가 양성인 것은 **BCG** 백신 때문입니까?

# Don't assume literacy in any language

---

- Are your materials “**literacy sensitive**”?
- Are **alternatives to written communication** available?



# Words matter

---

**Accept** that common terms can be hurtful or stigmatizing to certain groups, and **learn new terms**...

Illegal alien

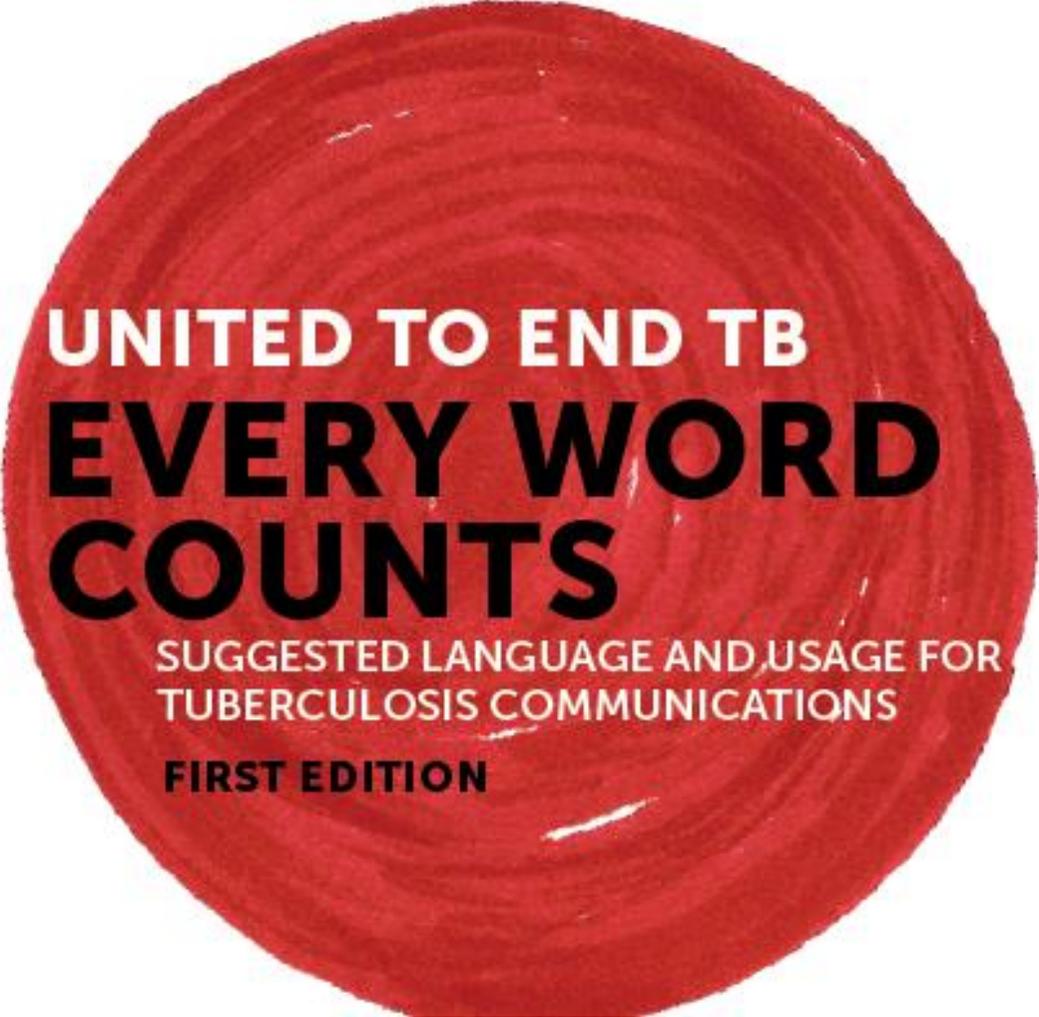
**HIV infected**

Homeless person

**TB suspect**

# Words matter

---

A large red circular graphic with a textured, brush-stroke-like appearance. It contains white text centered within it.

**UNITED TO END TB**  
**EVERY WORD**  
**COUNTS**

SUGGESTED LANGUAGE AND USAGE FOR  
TUBERCULOSIS COMMUNICATIONS

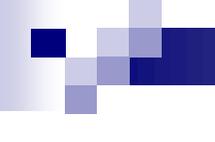
**FIRST EDITION**

# A final note...

---

People  
are  
complex.





STEP 1:

Recognize how

**my own cultural identity**

might impact my

interactions with patients



STEP 2:

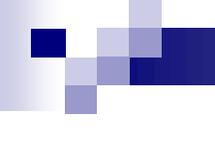
Learn about my patient's

**cultural context**

# STEP 3:

**Build rapport and trust  
with my patient**

(ask questions to learn my patient's perspectives)



**Share with your partner:**

***“One thing I will do in  
the next two weeks to  
continue creating  
cultural safety for  
patients is \_\_\_\_\_”***

**Thank you  
for all you  
do to help  
people to  
heal.**

