

What Is Cultural Competency?

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).

Why is cultural competency important?

Cultural competency is one the main ingredients in closing the disparities gap in health care. It's the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Quite simply, health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients can help bring about positive health outcomes.

Culture and language may influence:

- health, healing, and wellness belief systems;
- how illness, disease, and their causes are perceived; both by the patient/consumer and
- the behaviors of patients/consumers who are seeking health care and their attitudes toward health care providers;
- as well as the delivery of services by the provider who looks at the world through his or her own limited set of values, which can compromise access for patients from other cultures.

The increasing population growth of racial and ethnic communities and linguistic groups, each with its own cultural traits and health profiles, presents a challenge to the health care delivery service industry in this country. The provider and the patient each bring their individual learned patterns of language and culture to the health care experience which must be transcended to achieve equal access and quality health care.

Glossary of Terms

CLAS standards - the collective set of culturally and linguistically appropriate services (CLAS) mandates, guidelines, and recommendations issued by the United States Department of Health and Human Services Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services

(National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001).

culture - the thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

Culture defines how: - health care information is received;

- how rights and protections are exercised;
- what is considered to be a health problem;
- how symptoms and concerns about the problem are expressed;
- who should provide treatment for the problem; and
- what type of treatment should be given.

In sum, because health care is a cultural construct, arising from beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services treatment and preventive interventions. By understanding, valuing, and incorporating the cultural differences of America's diverse population and examining one's own health-related values and beliefs, health care organizations, practitioners, and others can support a health care system that responds appropriately to, and directly serves the unique needs of populations whose cultures may be different from the prevailing culture (Katz, Michael. Personal communication, November 1998).

cultural and linguistic competence in health - a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities [Based on Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards a Culturally Competent System of Care, Volume I. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center].

culturally and linguistically appropriate services - health care services that are respectful of and responsive to cultural and linguistic needs (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001).

health care organizations - any public or private institution involved in any aspect of delivering health care services (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001).

limited-English proficiency - persons who have difficulty speaking, reading, writing, or understanding the English language because they are individuals who:

- were not born in the United States or whose native language is a language other than English; or
- come from environments where a language other than English is dominant; or
- are American Indian and Alaskan Natives and who come from environments where a language other than English has had a significant impact on their level of English language proficiency; and
- by reason, thereof, are denied the opportunity to learn successfully in classrooms where the language of instruction is English or to participate fully in our society (Adapted from A Study of Programs and Demographics for Students of Limited English Proficiency in Delaware Schools 1995-1996 School Year, Delaware Department of Education, 1996).

patients/consumers - individuals, including accompanying family members, guardians, or companions, seeking physical or mental health care services, or other health-related services (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001).

staff - individuals employed directly by a health care organization, as well as those subcontracted or affiliated with the organization (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001).