CULTURALLY COMPETENT HEALTH CARE FOR ARIZONA'S FOSTER CARE POPULATION

CMDP REFERENCE GUIDE

COMPREHENSIVE MEDICAL & DENTAL PROGRAM

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Cultural Competency Reference Guide

The Comprehensive Medical and Dental Program (CMDP) reference guide is a tool to assist you and your staff in providing culturally competent care for CMDP members and their foster caregivers.

1. Definition of Cultural Competence

Culture includes 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.

Competence is having the capacity to function effectively as an individual, and as an organization within the context of cultural beliefs, behaviors and needs presented by members and their communities.

Cultural competence, as stated by the *AHCCCS Medical Policy Manual*, is "an awareness and appreciation of the customs, values and beliefs (culture) and the ability to incorporate them into the assessment, treatment and interaction with any individual within the context of their current circumstances."

It is important for your office to have easily understood patient care handouts available in the languages of the commonly encountered groups represented in the service area.

In a society as culturally diverse as the U.S., including Arizona, medical health care providers need the ability to communicate with diverse members and their foster caregivers. Providers should also have the knowledge to understand the culturally influenced health behaviors CMDP members may have.

2. Benefits of Cultural Competency

Some benefits for CMDP Providers to be culturally competent:

- Gain sensitivity to patient needs; reduce prejudice and bias
- Improve the quality of patient care and outcomes
- Improve patient and foster caregiver satisfaction
- Reduce non-compliance of patient and foster caregiver towards services
- Develop more appropriate plans of care
- Work better with diverse patient populations
- Have a better understanding of other cultures in their approach to health care for children
- Comply with federal and state requirements
- Reduce the number of patient complaints.

An understanding of value systems and their influence on health is important in order to provide culturally competent health care. Each culture has a value system that dictates behavior directly or indirectly by setting and encouraging specific norms. Health beliefs and practices reflect that value system.

There is a natural tendency for people to be culture bound, to assume that their own values, customs, attitudes and behaviors are always appropriate and right. People tend to expect other cultures to share these views.

Providing care and customer service for members and foster caregivers from diverse backgrounds requires an understanding of one's own values, as well as the values of other groups.

Cultural competence requires us to respond to diverse populations, without allowing our own cultural values, beliefs, and behaviors to interfere with providing quality customer service. It is important to be aware of cultural differences and truly aware of individual members and their needs.

3. Important Things to Know About Race, Culture and Foster Care Placements

According to the Arizona Department of Economic Security Child Welfare Reporting Requirements Semi-Annual Report for the period of April 1, 2012 - September 30, 2012, the number of children in out-of-home care was defined as follows:

- 38% White
- 36% Hispanic
- 14% African American
- 7% Native American (Indian)
- 1% Asian
- 4% Other

The race or culture of the foster caregiver may or may not be the same as the child in foster care. Since 1994, federal law prohibits DCS from routinely considering race, color or national origin of a child or a family in making decisions about a foster or adoptive home placement. The exception is for Native American children. The Indian Child Welfare Act specifies that Native American children must be placed with their relatives or other Native American families except when no such placements are available.

Many children in foster care in Arizona are placed with relatives. Approximately 38.3% of the children in out-of-home care are placed with relatives at any point in time.

4. Understanding Patients' Beliefs and Values

An understanding of value systems and their influence on health is important in order to provide culturally competent health care. Each culture has a value system that dictates behavior directly or indirectly by setting and encouraging specific norms. Health beliefs and practices, in particular, reflect that value system. Patients may follow a specific process in seeking health care, such as folk, spiritual or psychic healing practices, as well as conventional medical practices.

We are not only influenced by the cultural values we were raised with, but also by the culture of medicine, which has its own language, and values. The complexity of the health care system in the U. S. today is time-oriented, hierarchical and founded on disease management and the preservation of life at any cost. Realizing these values, as part of the current dominant medical culture, will be useful when dealing with patients and foster caregivers with different values.

Health care providers should care for CMDP members without making judgments about the importance of one set of values over another. If your reaction is negative or devalues their concerns or problems (based on your own cultural system), their response may be to refuse health treatment.

The goal is to not let your own cultural values and beliefs interfere with providing quality health care. The difference between a provider who is **culturally competent** and one who is **culturally aware** is in the service that is provided. A culturally competent provider is aware of the cultural differences and even more aware of the individual and his or her personal needs.

Religious beliefs can also often influence decisions about medical treatment. Because of religious faiths, some caregivers may request diagnosis but not treatment. If a particular treatment is absolutely necessary, providers may find it helpful to consult with the family's spiritual leader. Families who seek mainstream medical care for CMDP members may also seek treatment from healers in their culture. Providers and their staff may want to incorporate traditional healing into the general treatment.

5. Intercultural Communication

Intercultural communication, or communication between different cultures, is an important health issue and can influence quality of care. A language barrier can be a big problem for patients, caregivers and health care providers. To have positive outcomes, the use of professional translators is needed for effective communication between patients, foster caregivers and providers. The use of family members to translate is not recommended. Strategies should be implemented to recruit and retain staff representative of the languages spoken and demographic characteristics of the service area.

Even among English-speaking populations, some patients and their caregivers, including relatives, may have trouble understanding medical terminology used among health care professionals. Words like "diet" can have different meanings for professionals than for the general public. "Diet" could mean "weight loss" to some; but, for others, it can simply mean "the food you eat regularly."

6. Other Factors Influencing Communication

There are some other factors that can influence intercultural communication between providers, customer services and our clients, which include members, foster caregivers, providers and the agencies with legal custody of children in foster care.

The factors include conversational styles, personal space, eye contact, touch or physical contact, response to pain and time orientation. Some others are communicating effectively, understanding differences, and identifying areas of conflict and compromise.

Conversational Style
It may be blunt, loud and quick to the point; or quiet and indirect.

Personal Space
People often react to others based on their cultural understanding regarding personal space. Standing or sitting too close may be considered rude in one culture but appropriate in another culture.

Eye Contact
Some cultures, such as some Native American and Asian cultures, avoid direct eye contact as a sign of respect and honoring of a person's privacy.

Touch
A strong firm handshake may be appropriate and expected in some cultures, but may be viewed as disrespectful in others, such as some Native American groups. Among some cultures, greetings with an embrace or a kiss on the cheek are common.

Response to Pain
Cultural differences exist in the response to pain. People do not always express just how much pain they are experiencing. Some patients may think it's appropriate to suffer unnecessarily, rather than fully disclose their level of discomfort.

Time Orientation
The concept of time may be very important in today's modern medical practice; however, some cultures view being "in time" as acceptable (as opposed to being "on time").

What's in a Name?
Some people do not like being called by their first names, while it may not matter to others. It's important to establish the preference early in the relationship between providers and patients.

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Nonverbal Communication
Each culture has its own way of communicating messages by use of facial expressions and body movements. Facial expressions and body language can communicate different messages and have different meanings within different cultures.

English As a Second Language
Members and foster caregivers with limited English proficiency may need more time and our patience to express their thoughts and concerns in English. For their benefit, it's best to speak slowly and use simple vocabulary words.

Translators
It is best to use a professional translator, one that can understand and speak a language well enough to manage medical terminology. If a professional translator is not available, over-the-phone translation services are appropriate.

Communicate Effectively
For effective cross-cultural communication, ask questions about cultural beliefs and use translators who are not family members.

Understanding the Differences
In some cultures, being one with the family is more important than individual rights. When appropriate, providers can involve spiritual or religious advisors. We must be aware of our own cultural beliefs and biases. Also, we should be sensitive to our authority as the health care provider for patients.

Identify Areas of Possible Conflict
Discuss important ethical disagreements that are present with the decision makers that represent our members.

Compromise
Be respectful of cultures and beliefs that differ from your own, and be open minded about other cultural beliefs regarding treatment goals, when possible. The willingness to be receptive to these beliefs and taking the time to work with these differences can result in higher satisfaction among members, caregivers and professionals involved with the children.

7. Cultural Resources and Translation Services

CMDP offers language translation services for members and caregivers through the **Language Line Services**. Interpretation in over 140 languages, either by phone or written translation, for communicating with CMDP or a health care provider is available. The Department of Child Safety provides this service. Callers must contact CMDP to request this service.

The Internet has an abundance of information about cultural competency. A few helpful websites are listed below:

- **https://bearspace.baylor.edu/Charles_Kemp/www/hispanic_health.htm.** Great site for information on Hispanic and other cultures.
- National Alliance for Hispanic Health, phone 202-387-5000, **http://www.hispanichealth.org**
- National Urban League, phone 212-310-9000, **http://www.nul.org/**. Greater Phoenix Urban League, **http://www.gphxul.org/**
- U.S. Department of Health and Human Services, Office of Public Health and Sciences, Office of Minority Health Resource Center, **http://www.minorityhealth.hhs.gov**
- Association of Asian Pacific Community Health Organizations (AAPCHO), phone 510-272-9536, **http://www.aapcho.org.** If there are any problems reaching this site, type in the title of this organization and get there through the search method.
- American Academy of Pediatrics (AAP), phone 847-434-4000, **http://www.aap.org/**
- U.S. Department of the Interior, Indian Affiars, **http://www.bia.gov**

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Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Comprehensive Medical and Dental Program at 602-351-2245; TTY/TDD Services: 7-1-1.

Free language assistance for Department services is available upon request.

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Arizona Department of Child Safety

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