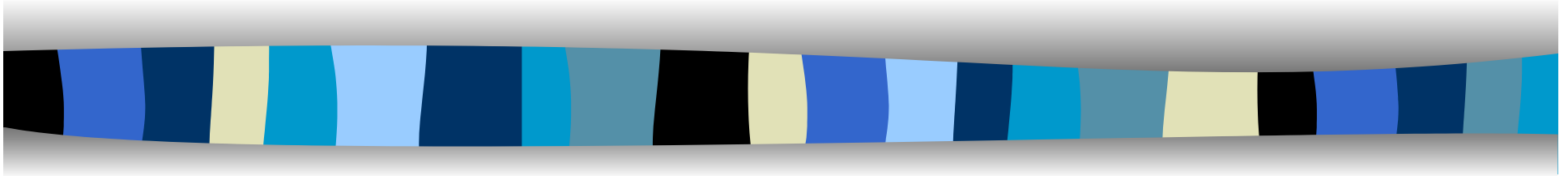


CULTURAL COMPETENCY



Elleen M. Yancey, PhD, Director,
Morehouse School of Medicine
Prevention Research Center



VALUE

- Worth, excellence, or degree of worth ascribed to an object, activity, or class of something.
- Function of the valuing process



CULTURE

- Pattern of arrangements, behaviors whereby a society achieves collective achievement.
- Patterns of behaviors transmitted by symbols
- Set of rules and norms that promote stability and harmony within a society



BELIEF

- Structure of values
- Common language
- Similar life experiences
- Shared within a culture



ETHNIC/ETHNICITY

- Groups of people believed to be biologically related
- “Peoplehood”
- Members of group share unique social and cultural heritage



DIVERSITY

- Condition of being different
- Pertains to ways individuals, communities, culture may differ from each other



Cultural Competence

- Set of congruent behaviors, attitudes and policies that come together in a
 - system
 - agency
 - professional individual
- Enable these entities to work effectively in cross/or multicultural situations

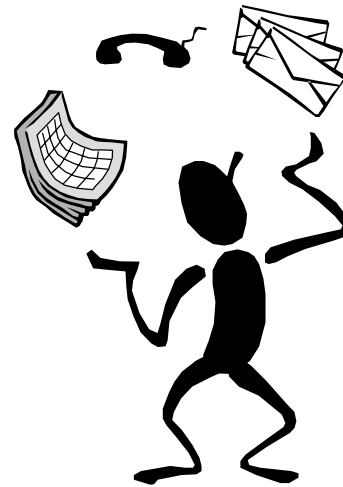


Cultural Competence

- Implies the integrated pattern of human behavior that includes
 - Thought, communications, actions, customs, beliefs, values and institutions of
 - Racial, ethnic religious or social groups.

Cultural Competence

- Implies having the capacity to function effectively.





Culturally Competent System of Care Acknowledges Importance of...

- Culture
- Assessment of cross-cultural interactions
- Vigilance toward the dynamics resulting from cultural differences
- Expansion of cultural knowledge
- Adaptation to meet culturally unique needs

Morehouse School of Medicine Prevention Research Center, 2002



Cultural Competency Continuum

- Six Key points along continuum
- Range from “Cultural Destructiveness” to “Cultural Proficiency”



1. Cultural Destructiveness

- Attitudes, policies and practices which are destructive to cultures and individuals within them
- Purposeful destruction of a culture
- Assumes one race superior



2. Cultural Incapacity

- Intent not to be intentionally culturally destructive
- Lack of capacity to work with minorities
- Extreme bias and belief in racial superiority of dominant group



3. Cultural Blindness

- Midpoint on the continuum
- systems/agencies provide services with philosophy of being unbiased.
- Belief that color or culture make no difference
- Belief that dominant culture approaches are universally applicable



4. Cultural Pre-competence

- Implies movement
- Weaknesses recognized in working with minorities
- Attempts to improve practices and increase knowledge
- Danger of tokenism



5. Basic Cultural Competence

- Acceptance and respect for difference
- Continuing self-assessment regarding culture
- Careful attention to dynamics of difference
- Continuous expansion of cultural knowledge and resources



6. Advanced Cultural Competence

- Culture held in high esteem
- Knowledge base of cultural competence sought by
 - conducting culture-based research
 - developing new approaches based on culture
 - publishing and disseminating results of culturally sensitive/competent research

Movement Toward Cultural Competence

- **Attitudes must change** to become less ethnocentric and biased.
- **Policies must change** to become more flexible and culturally impartial
- **Practices must become more congruent** with cultures





Culturally Competent Research

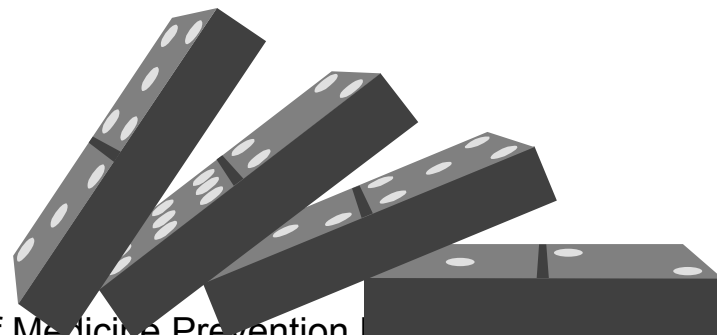
- Begins with commitment to provide culturally competent research
- Must include
 - Awareness/acceptance of cultural differences
 - Awareness of own cultural values
 - Understanding of dynamics of difference
 - Basic knowledge of research participants' environment(s)



Culturally Competent Research

- Must include

- Ability to adapt research methods, evaluation, data collection and analysis to participants' cultural context





Five Elements of Culturally Competent Researcher

- ① Acknowledge cultural differences and become aware of own affect upon research
- ② Recognize influence of own culture
- ③ Understand dynamics of difference



Five Elements of Culturally Competent Researcher

- ④ Understand meaning of data from both his/her AND participants' cultural context
- ⑤ Know where and how to obtain necessary information regarding culture of populations involved in research





Community Based Research in African American Communities¹

- Four Potential Models of Community Based Research
- Definition of Community

¹ Hatch, J., et al. *Community Research: Partnership in Black Communities* Community Research.
Morehouse School of Medicine Prevention Research Center, 2002

“Community”: African American

- Unit of identity for African Americans **is not** majority African American geo-
/demographic clusters.





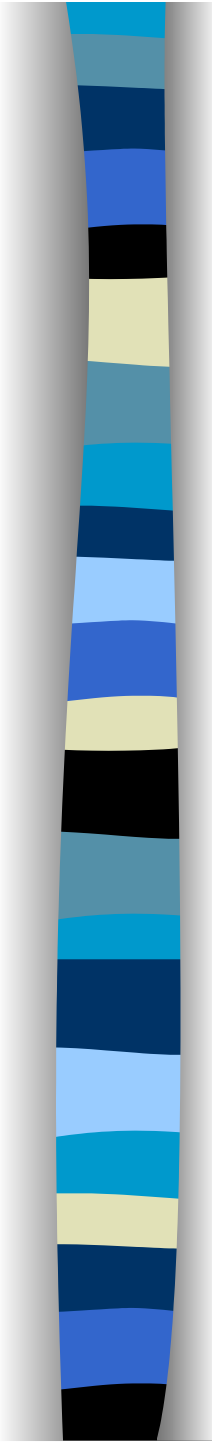
“Community”: African American

- ① Places are demarcated by natural or psychological boundaries. Common core of
 - Commercial and human service organizations
 - Churches, schools and
 - Population is predominantly African American



“Community”: African American

- ② Also defined by
- Shared Interests
 - common fate
 - social and political history
 - Cultural affinity

- 
- African American communities are not homogeneous geographically, socially, educationally. However, the experience of being African American in America has produced sentiments and experiences that have molded a sense of “peoplehood”

John Hatch, et al.



“Community”: African American

- Researchers seeking community models must consider
 - geographic boundaries of African American community and
 - sense of cultural identity that also unites it.



“Community”: African American

- Communities may be poor, working class, middle class, upper class or of mixed SES.
- Challenge for researchers is to design models for collaboration that maximize potential for community participation.



Model #1: Researcher > Peripheral Community Representative

- **Limited collaboration**
- Researchers consult person who often works for human service organizations and usually lives outside the community
- Research is community based but fails to achieve optimal involvement
- People of community remain unaware of research purpose and design

Morehouse School of Medicine Prevention Research Center, 2002



Model #2: Researcher > Influential Community Representative

■ Limited Collaboration

■ Researchers

- identify influential people within community
 - churches, clubs, fraternal orders, etc..
- *explain* research design
- request endorsement
- **retain total control of project**

■ Model is community based, but community role is passive.

Morehouse School of Medicine Prevention Research Center, 2002



Model #3: Researcher > Influential Community Representative

- **Community residents hired**
- Researchers contact influential community leaders to
 - *explain* the research
 - ask support, advice in hiring community people as interviewers, CHWs, etc.
- Influential community people serve on advisory board



Model #3: Researcher > Influential Community Representative

- Model is community based, but not community involved
- Community members do not contribute to research design
- Do not have significant role in findings interpretation



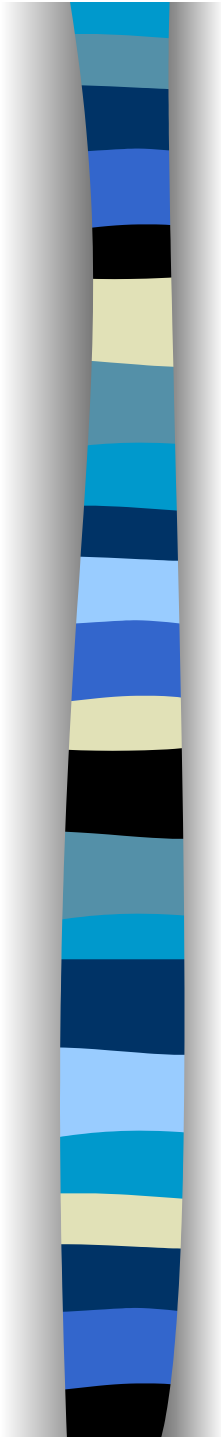
Model #4: Researcher Seeks Community Assistance in Research Focus

- First, community consulted for its definition of problem
- Secondly, research design constructed with involvement of community



Challenges to Scientific Community

- Determine what extent rigor of science must be protected
- Scientists have perceived scientific tradition as “value-free”
- Community involvement in research process potentially viewed as threatening to neutrality of science



- “By including the community as co-participants in the definition of the problem and in the formulation of the hypotheses, the researcher can meet the ***Real World***, to the enrichment of science....”

John Hatch, et al