




# *Promoting Cultural Humility and Sensitivity*

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What does  
culture mean to  
you?

Language, thoughts,  
communication, actions, customs,  
beliefs, values, race/ethnicity,  
religion and social groups.  
(Terry L. Cross, 1989)



# What is Culture?



Culture is often described as the combination of: a body of knowledge, a body of belief, and a body of behavior.

Culture shapes the mind...it provides us with the toolkit by which we construct not only our worlds but our very conception of ourselves.

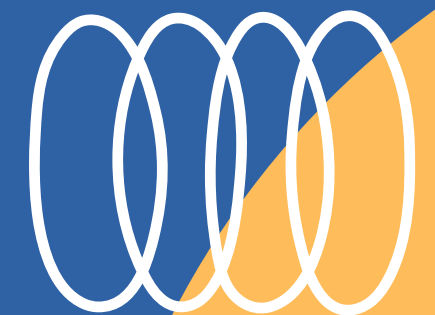
-Jerome Bruner



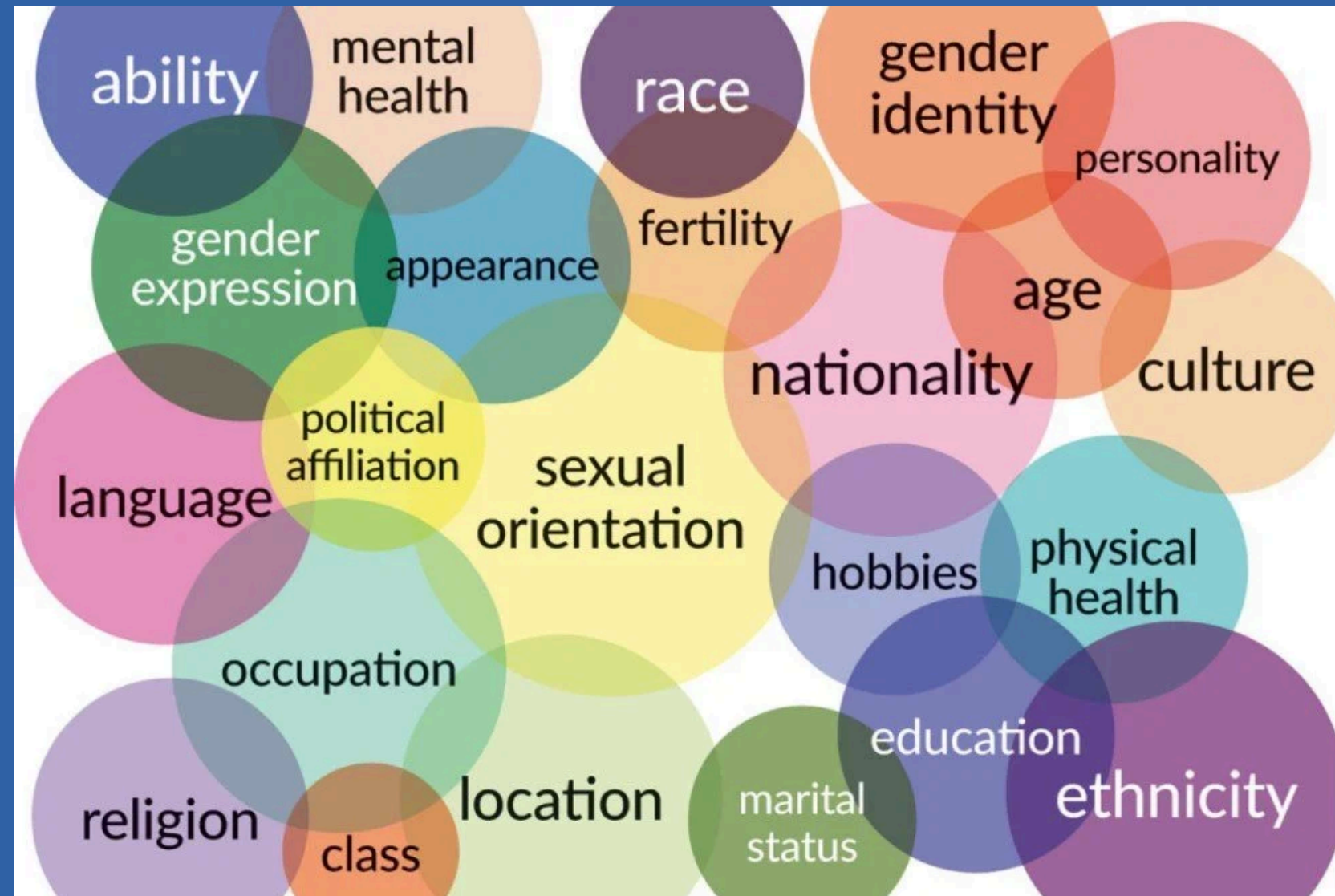


# What Shapes Culture?

- National
- Regional
- Gender
- Generation
- Educational
- Employment Status
- Political values
- Experience with oppression or discrimination
- Socioeconomic factors
- Rituals
- Family roles and structure

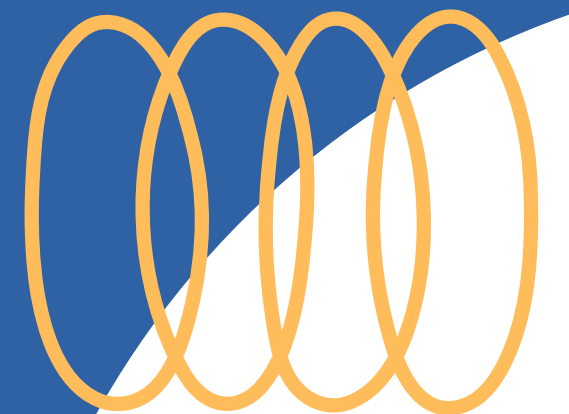


# Intersecting Aspects of Culture



# Cultural Competency

- A set of congruent behaviors, attitudes, and policies that enable systems, agencies, or professionals to work effectively in cross-cultural situations. (Cross et al. 1989)
  - Culture: A pattern of human behavior: thoughts, communications, actions, customs, beliefs, and values, of racial, ethnic, religious, or social groups
  - Competence: the capacity to function effectively
- 
- Cultural competency training has increased in the last 20 years
  - Increasingly recognized as a strategy for reducing racial and ethnic disparities in health and health care.
- What are some terms you have seen or heard that describe cultural competency?
  - Cultural sensitivity
  - Cultural humility
  - Cultural responsiveness
  - Cultural awareness
  - Cultural respect
- Which one resonates the most with you?



# Cultural Respect



## What Is Cultural Respect?

The concept of cultural respect has a positive effect on individuals and communities by delivering services that are respectful of and responsive to the beliefs, practices, and cultural and linguistic needs of diverse populations.

## Why Is Cultural Respect Important?

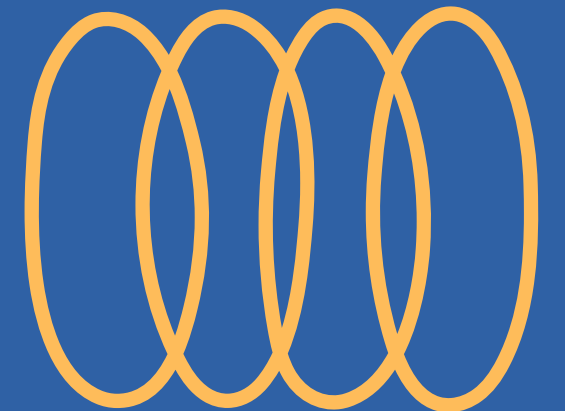
It refers to providing care that is respectful of and responsive to the needs of diverse populations and communities.



# Becoming Culturally Competent

- Five elements that contribute to a system or agency's ability to become culturally competent include
  - Valuing diversity
  - Having the capacity (and interest in) conducting cultural self-assessments
  - Being conscious of the dynamics inherent when cultures interact
  - Having institutionalized cultural knowledge
  - Having developed adaptations to service delivery reflecting an understanding of cultural diversity
- Manifested at every level of an organization, including policy making, administrative, research, practice, and service.

Cross et al., 1989





# Culturally and Linguistically Appropriate Services

# Culturally and Linguistically Appropriate Services

Services that are respectful of and responsive to:

- Individual cultural health beliefs and practices
- Preferred language
- Health literacy levels
- Communication needs

Must be employed by all members of an organization (regardless of size)  
at every point of contact



# Culturally Competent Care


Culturally competent care:

- Facilitate encounters with more favorable outcomes
- Addresses and respects differences in cultures, and responds to the different needs of patients



# Linguistic Competence



- An organization and its personnel have the ability to communicate effectively and convey information that is easily understood by diverse groups:
    - Persons of limited English proficiency
    - Low literacy skills
    - Individuals with disabilities
    - Deaf or hard of hearing
  - Linguistic competency requires organizations to:
    - Respond effectively to the health literacy needs of populations served
- 



# NATIONAL CLAS STANDARDS

# National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

- March 2000, Enhanced 2013
- Office of Minority Health (OMH)
- Aims:
  - Advance health equity
  - Improve quality
  - Help eliminate healthcare disparities
  - Provide a blueprint for individuals and organizations to implement CLAS



# Original Standards Compared to Enhanced Standards

The National CLAS Standards were first developed by the Office of Minority Health in 2000.

Update the Standards to reflect the tremendous growth in the field of cultural and linguistic competency and the increasing diversity of the nation.

The Enhancement Initiative lasted 3 years

- Three major components: a public comment period, a systematic literature review, and consultations with an advisory committee.



The enhanced National CLAS Standards provided an even stronger framework to provide culturally and linguistically appropriate services.

# Updates to the Standards

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
Culture	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
Audience	Health care organizations	Health and health care organizations
Health	Definition of health was implicit	Explicit definition of health to include physical, mental, social

# Enhanced CLAS Standards Structure

- Enhanced National CLAS Standards
  - Principal Standard (Standard 1)
  - Governance, Leadership, and Workforce (Standards 2-4)
  - Communication and Language Assistance (Standards 5-8)
  - Engagement, Continuous Improvement, and Accountability (Standards 9-15)

# The National CLAS Standards

## National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to promote health, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

### Principal Standard:

1. Provide effective, understandable, and respectful quality care and services that respond to cultural health beliefs and practices, languages, health literacy, and other communication needs.

### Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS through policy, practices, and allocated resources.
3. Recruit, promote, equip, and support a governance, leadership, and workforce that respond to the digital, cultural and language needs of the population.
4. Educate and train governance, leadership, and workforce regularly on CLAS practices and resources.

### Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals, in writing and orally, of the availability of language assistance services in English and other languages that serve their linguistic needs.
7. Ensure the competence of individuals providing language assistance through training and certification, when available, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided and discouraged.
8. Provide easy-to-understand digital and print materials and signage in the languages commonly used by the populations in the service area.

### Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's integration of CLAS-related activities and measures into quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic needs of populations in the service area.
13. Partner with the community to design, implement, and evaluate cultural and linguistically appropriate practices and impact.
14. Create culturally and linguistically appropriate processes to identify, prevent, and resolve conflicts, complaints, or grievances.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.





# References and Resources

- Georgetown University National Center for Cultural Competence: <https://nccc.georgetown.edu/>
- The National CLAS Standards: <https://thinkculturalhealth.hhs.gov/clas/standards>
- Think Cultural Health, U.S. Department of Health & Human Services: <https://thinkculturalhealth.hhs.gov/>
- Barksdale, C. L., Rodick III, W. H., Hopson, R., Kenyon, J., Green, K., & Jacobs, C. G. (2017). Literature review of the national CLAS standards: Policy and practical implications in reducing health disparities. *Journal of racial and ethnic health disparities*, 4(4), 632-647.
- Barksdale, C. L., Kenyon, J., Graves, D. L., & Jacobs, C. G. (2014). Addressing disparities in mental health agencies: Strategies to implement the national clas standards in mental health. *Psychological Services*, 11(4), 369.
- Delphin-Rittmon, M. E., Boynton, E. S., Ortiz, J., Davidson, L., & Flanagan, E. H. (2021). The Organizational Multicultural Competence Assessment (OMCA): A tool to assess an organization's multicultural competence and adherence to the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare (the National CLAS Standards). *Psychiatric Rehabilitation Journal*, 44(2), 99.