Culturally Competent Care
Culturally Competent Care (C3)

- HIV is disproportionately distributed among North Carolina’s non-white population. Discrimination and stigma are often cited as major barriers to linking, reengaging or retaining (LRR) these individuals in care.

- C3 was developed to help combat the discrimination and stigma that HIV+ individuals of color may face in healthcare and social service settings.

- C3 helps providers examine their personal cultural foundations and how they coexist with those of other people, including how those experiences can shape and impact their provision of care.
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Benefits of Becoming a Culturally Competent Health Care Organization

<table>
<thead>
<tr>
<th>Social Benefits</th>
<th>Health Benefits</th>
<th>Business Benefits</th>
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</thead>
<tbody>
<tr>
<td>• Increases mutual respect and understanding between patient and organization</td>
<td>• Improves data collection</td>
<td>• Incorporates different perspectives, ideas and strategies into the decision-making process</td>
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<tr>
<td>• Increases trust</td>
<td>• Increases preventive care by patients</td>
<td>• Decreases barriers that slow progress</td>
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<td>• Promotes inclusion of all community members</td>
<td>• Reduces care disparities in the patient population</td>
<td>• Moves toward meeting legal and regulatory guidelines</td>
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<tr>
<td>• Increases community participation and involvement in health issues</td>
<td>• Increase cost savings from a reduction in medical errors, numbers of treatments, and legal costs</td>
<td>• Improves efficiency of care services</td>
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<td>• Assists patients and families in their care</td>
<td>• Reduced the number of missed medical visits</td>
<td>• Increases the market share of the organization</td>
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<td>• Promotes patient and family responsibilities for health</td>
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Source: American Hospital Association- 2013
3 Domains of Culturally Competent Care

- Cultural Awareness and Knowledge
- Historical Antecedents of Health Disparities
- Cultural Responsiveness
Cultural Competency Continuum

Cultural Proficiency
- Holds culture in high regard - Add to knowledge through research, develop new approaches & disseminate findings

Cultural Competence
- ACCEPTANCE and RESPECT for differences
- Recognize subgroups of various cultures - Continually work to improve
- Understand relationship of policy and practice

Cultural Pre-Competence
- Movement toward reaching out - Realizes deficits and seeks to remedy - Elicits underserved community involvement
- Historical Example: Minority recruitment by medical schools in 1970s

Cultural Blindness
- Express philosophy of being unbiased and colorblind - Belief that all helping approaches are universally applicable - Results in ethnocentric services - Useless to unassimilated members of non-dominant culture
- Historical Example: Flesh Color Bandages

Cultural Incapacity
- No intent to be destructive, but no capacity to help clients from non-major cultures
- Historical Example: Bone fracture patients at UCLA were less likely to receive pain medication if Hispanic...due to inability to recognize cultural differences in expressing pain

Cultural Destructiveness
- Attitudes, policies, practices destructive to cultures and individuals in that culture
- Considers some races or cultures superior to others
- Historical Example: German Concentration Camps
Culturally Competent Care (C3)

- 599 health and social service providers trained to date
- 49 counties in NC reached
3 Lessons Learned from C3

- The conversation about **RACE** and **RACISM** is difficult, and helping people understand the definition and impact of these is a crucial component of an effective cultural competency training.

- The training must be a ‘living thing’ i.e. it must evolve and incorporate current events and relevant issues in order to process those important conversations within the training.

- The training must be open to all individuals within an agency in order to create a culture of competence and responsiveness within that agency.