All good quality healthcare is cross-cultural healthcare, in that it views illness within the contexts of social, emotional, political, cultural, spiritual and psychological beliefs.

The concept of cultural competency is central to working with families and communities to improve child health. Given the ever-changing diversity of our neighborhoods and increasing healthcare disparities, cultural competency is essential to successfully improving the health of families.

What Is Cultural Competency?

Cultural competency can be defined as a congruent set of behaviors, attitudes, and policies that allow a system, agency, or profession to work effectively in providing a service to others in cross-cultural situations. There are many ways to explore what culturally effective care means for the resident and what role it should play in pediatrics practice.

The American Academy of Pediatrics defines culturally effective care as, “the delivery of healthcare within the context of appropriate physician knowledge, understanding and appreciation of cultural distinctions. Such understanding should take into account the beliefs, values, actions, customs and unique healthcare needs of distinct population groups. Providers will thus enhance interpersonal and communication skills, thereby strengthening the physician-patient relationship and maximizing the health status of patients.”

Woven into cultural competency are these following basic definitions:

- Race: a classification of individuals who possess distinctive physical characteristics that are genetically transmitted
• **Ethnicity**: races or groups of people who are classed based on common backgrounds, languages, traits, customs, or appearance

• **Culture**: any group of people who share experiences, language, and values that permit them to communicate knowledge not shared by those outside of the group

• **Competence**: a capacity equal to requirement

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**CULTURAL COMPETENCE** requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally.

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**CULTURAL COMPETENCE** is akin to being the person observed through a one-way mirror; everything we see is from our own perspective. **ONLY WHEN** we join the observed on the other side is it possible to see ourselves and others clearly. But getting to the other side of the glass presents many challenges.

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**The Impact on Pediatric Medicine**

Before the resident takes the above definitions and ventures into the community he or she should consider each of these introspective questions:

• What qualities do I need to become a good physician?

• What has my experience been like in my community? In other communities?

• What impact do culture and ethnicity have on patient care in this community?

• What is the role of culture and ethnicity in the physician-patient relationship?

The answers to each of these questions will affect the approaches residents take in exploring the community surrounding their medical center. Cultural competency involves a careful discovery and appreciation not only of a person’s environment, but also of their inherent beliefs. Prior personal experiences, whether negative or positive, with other individuals and groups may or may not unconsciously affect a person’s actions and thoughts. It is crucial for residents to gain a clear understanding of their biases and how to best work around those biases.

The survey on the following page may help the resident understand his or her experiences in interacting with other cultures. The questions will help residents reflect on their experiences and how those experiences shaped the residents’ attitudes and perceptions of others.
How do you Identify Yourself in an Ethnic or Cultural Way?

Answer the following based on a Likert scale of 1 to 4, with 4 meaning “agree” and 1 meaning “not at all.”

1. I recognize the influence of my own culture(s) on my actions and thoughts.
2. I am aware of my life experiences as a person related to a culture, or multiple cultures.
3. I have felt excluded from participating in activities because of my ethnicity/culture; my age; my gender.
4. I am aware of some traditional explanations used by cultural/ethnic groups to describe or make sense of health, illness, disease, or death.
5. I am aware of major barriers for pediatricians in providing health services to different cultural or ethnic groups.
6. I possess strengths that allow me to work cooperatively with people who are culturally/ethnically different from me.
7. I am uncomfortable when working with people who are culturally ethnically different from me.
8. I recognize the need to increase my multicultural competence.
9. I have assessed my involvement with persons of other cultures.
10. I have contact with individuals, families, and groups of people reflective of other cultures.

Answer the following based on a Likert scale of 1 to 4, with 4 meaning “strongly” and 1 meaning “not at all.”

11. I agree with the following statement: My ethnic group is considered good by others.

Cultural Competency and Project Development

Cultural competency becomes enveloped in each aspect of resident project development by facilitating:

- the selection of a community of children and their healthcare needs;
- the identification of a community-based organization, or other community stakeholder, who can collaborate with the resident on needs assessments and service delivery;
- the selection of a mentor or project director, who may have community-based relationships and/or similar community interests;
- the interpretation of clinical evidence and methodologies that may aid the design of future community-based interventions;
- the tailoring of language for the dissemination of public health messages and/or study results;
- the clarification of language necessary to advocate for improved funding of services by public officials;
- relationship-building between local, regional, and national figures with similar interests.

Providers who are culturally competent affect every aspect of the healthcare system by:

- developing partnerships with healthcare experts and community-based consumers;
- facilitating projects that address a community’s unmet healthcare needs;
- advocating for increased community-based services;
- developing community-based health curriculums for at-risk children;
- ensuring critical evaluation of all community-based service programs and assessments;
- fostering resident education by interacting with diverse community stakeholders; and
- working with medical, governmental, and private sources to ensure sustainability of effective community-based programs.

CLINICAL CULTURAL COMPETENCE
Healthcare providers must:
• Be aware of social and cultural factors on health beliefs and behaviors;
• Assess how these factors affect families;
• Have the tools and skills to manage these factors; and
• Empower patients to be active partners and to negotiate ethno-cultural beliefs and practices of the patient and those of the culture of biomedicine.

Resident Project Example

Need for Cultural Competence for Success

Name of Project
Reach Out and Read in Native American Country

Purpose
• To promote literacy in an Native American population
• To seek culturally appropriate children’s books for dissemination

Why Cultural Competency is Essential for this Resident Project
• It will be necessary to have a native collaborator to sell the idea to staff and patients.
• One will have to be patient and willing to work on “Native American time.”
• It is essential not to talk about “investigation,” “study,” or “research” but rather about outcomes and program evaluation.

Resident Project Example

Improving Cultural Competency in a Clinic

Name of Project
An Assessment of Available Resources for Language Discordant Families in a Pediatric Ambulatory Care Center

Purpose
To assess:
• parental knowledge of the availability of interpreter services;
• parental satisfaction with the delivery of healthcare to their children; and
• the varieties of languages spoken at the Columbia University-Harlem Hospital Center Pediatric outpatient clinics.

Outcome Measures
• Percent of parents aware of clinic-based interpreter services
• Percent of parents satisfied with healthcare delivery

Initial Lessons Learned
• Most parents and providers speak in English (even if it’s not parent’s primary or native language)
• Parents unaware of interpreter services
• Providers generally use available interpreter services
• Parents generally satisfied with child healthcare (even if language discordance present)

Next Steps
• Advocate for increased clinic-based interpreter services.
• Create study of effect of patient-provider language discordance and specific health indicators (e.g., immunizations, lead screening, body mass index evaluation).
Cultural Comparisons

As the resident works in cross-cultural settings, he or she should consider the following categories of broad comparisons designed to increase understanding of the potential diversity of cross-cultural beliefs. These examples by no means typify all people within the same culture or exhaust the range of cultural behaviors.

<table>
<thead>
<tr>
<th>TRADITIONAL CULTURAL VALUES</th>
<th>CONTEMPORARY EURO-AMERICAN VALUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperation</td>
<td>Competition</td>
</tr>
<tr>
<td>Group emphasis</td>
<td>Individual emphasis</td>
</tr>
<tr>
<td>Humility/modesty</td>
<td>Self-importance</td>
</tr>
<tr>
<td>Passivity/calmness</td>
<td>Activity/restlessness</td>
</tr>
<tr>
<td>Sharing</td>
<td>Saving</td>
</tr>
<tr>
<td>Respect for age</td>
<td>Respect for youth</td>
</tr>
<tr>
<td>Nonmaterialism</td>
<td>Materialism</td>
</tr>
<tr>
<td>Orientation to present</td>
<td>Orientation to future</td>
</tr>
<tr>
<td>Religious beliefs as a way of life</td>
<td>Religious beliefs as a segment of life</td>
</tr>
<tr>
<td>Listening/observational skills</td>
<td>Verbal skills</td>
</tr>
<tr>
<td>No direct eye contact</td>
<td>Direct eye contact</td>
</tr>
<tr>
<td>Respect for tradition</td>
<td>Progress oriented</td>
</tr>
<tr>
<td>Character as source of status</td>
<td>Academic degree as source of status</td>
</tr>
<tr>
<td>Illness as imbalance</td>
<td>Illness as physical issue</td>
</tr>
</tbody>
</table>


References


Resources


American Medical Association Cultural Competence Initiative
http://www.ama-assn.org/ama/pub/category/2661.html

Cancer Center
http://www.mdanderson.org/departments/CIMER/

Complementary/Integrative Medicine at the University of Texas MD Anderson

Cross-Cultural Health Care Program
www.xculture.org

CultureMed
www.sunyit.edu/library/culturemed/index.html

Ethnomed
http://ethnomed.org

Holistic Kids
http://www.holistickids.org

National Center for Contemporary and Alternative Medicine
http://altmed.od.nih.gov

National Center for Cultural Competency
http://www3.georgetown.edu/research/gucchd/nccc/index.html