

# Dialogues in Best Practice



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**Best Practices in “cultural competence:”  
What works to ensure a diverse workforce in aging services?**

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**Facilitated by:**

Ricardo Cisneros, Associate Executive Director,  
United Community Center/Centro de la Comunidad Unida

& Donna Shepard, Director,  
IDEAL Center for Diversity Learning,  
UWM School of Continuing Education

# Welcome and Introductions

## **Welcome: Anne Basting, Director, Center on Age & Community**

welcomed everyone to the second Dialogue session of the semester and gave a special thanks to Ricardo – particularly for the generous plates of cookies he provided for the group. Anne noted how important it is to consider the topic of cultural competency in aging,

# Dialogue

**RICARDO CISNEROS:** Efforts to address issues of “cultural competency” take place on two levels:

Intellectual Level – involves gathering to discuss the issue and talk about solutions

Practical Level – involves efforts to implement practical solutions to the problem

**RICARDO:** Acquiring cultural competency takes a long time. It is much more effective to hire people for their culture – people who already understand the culture – and train them with the knowledge-base needed to perform the job duties, rather than try to train people to be culturally competent.

**DONNA SHEPARD:** From the perspective of working at the School of Continuing Education, the “top down” approach to addressing cultural competency works better than focusing on front-line workers because of how important it is to get “buy-in” from upper-level management. Having a leader who can model a top-down approach, she says, is one of the keys to ensuring cultural competency. Part of the reason for this is because there are sometimes policies and processes in place that create barriers to cultural competency, and if there is “buy-in” at the top, those procedures have a better chance of being altered to address the barriers. We also need to remember that the particular culture a worker brings to the table might be different than other workers or people being served, but it does not mean she won’t perform on the job.

**RICARDO:** The workforce needs to take into account the culture of the clientele. Regardless of background, the human needs of the clientele are basically the same. However, how we meet those needs depends on the culture they came from. We need to understand how relationships work within that culture.

**ANNE BASTING:** In addition to these challenges, there are the unique challenges of aging. We can’t be culturally competent in every culture. We can be sensitive, but not competent.

**JUNG KWAK:** Trying to clarify the distinction between competency and sensitivity. It is about having knowledge of culture vs. putting that knowledge into practice, or emersion in a particular culture. The emersion or practical experience is different from an intellectual understanding of cultural competency.

**RICARDO:** The problem with current social work ethics is that they have been pre-established by mainstream culture. Subsequently, these ethics do not apply to some cultures and people within non-

mainstream cultures have different interpretations about what is ethical and not.

Also, the problem is accentuated with the senior population, especially since many were born outside of the United States. In these cases, cultural competency is even more important, for example, with people who have dementia. Some of the current attempts to provide services to foreign born seniors are inadequate.

**ANNE:** We need to talk about the issue of cultural competency in research, since what we do at the center is very research oriented. It makes sense to think about how service provision, the workforce, and places of business are aware of their population needs, but how does cultural competency bear on the issue of research? There is a concern about valid responses in research because data collectors don’t necessarily take culture into account.

**RHONDA MONTGOMERY:** For researchers, there is the practical question of how to gain access to and develop rapport with non-white cultures for research.

**DONNA:** It is critical to approach the community of interest with someone who reflects that community. In other words, someone doing the research, or associated with the research, needs to “look like” the potential research subjects. If you want to go into the African American community to conduct research, take someone with you who is African American – this helps with credibility and trust.

**PRISCILLA SHARPLESS:** In terms of research, what might work well is to bring all the groups involved to the table throughout the research process, even in developing the measurement tools.

**RICARDO:** There is a fundamental problem with measurement tools in research – sometimes they are simply translated from English to the particular cultural language in which the research is being conducted. The tools have not been validated in the population that is being served. It is crucial to consider issues of cultural competence in the process of creating the measurement tools, and then measure or test them in the target culture. In other words, the standardized test model does not cut it.

**ANNE:** I learned in a recent evaluation of a cultural competency training that sometimes organizations are not open to change. Sometimes people are afraid to openly speak their prejudices or to look at their own incompetence. How can you make the training a success in these circumstances?

**DONNA:** It takes time and commitment from an organization to create change toward greater cultural competence. Often, people are afraid to say, "I don't know." Donna talked about her experience trying to train particular "tough" groups in cultural competence and diversity – groups like firefighters and police. Sometimes it is very difficult to crack the shell, to get them talking about how they really feel regarding diversity. There is a fear that people might risk being honest at the expense of scorn from fellow workers later on. But even when trainings seem successful in the moment (e.g. people come up and hug her afterward), it is common for work environments to slide backward into the status quo. The deep change required to actually alter status quo prejudices takes a long time.

**RICARDO:** Yes, it is difficult for people to be open about their feelings on this issue. There is a difference between attitudes vs. knowledge. Knowledge is easier to change than attitudes.

**JUNG:** What does it take to change the attitudes of racism – to reach cultural competency?

**DONNA:** We need to alter people's fear of change.

**ADDIE JOHNSON:** There is a difference between changing attitudes vs. making exceptions for individual cases. Changing attitudes is much more difficult. People like me can use the "student discount" to gain acceptance into a non-white culture, use naivety as a student wanting to learn as a way to gain legitimacy. But in doing so, it is also important to do your homework – come to the table having tried to learn something about that culture.

**ANNE:** There must be some models for cultural competency in terms of just how much change can be expected.

**DONNA:** Diversity: Respect my difference.  
Cultural competency: *Know it*

**RICARDO:** We should look to history. Cultures all over the world have had to interact, it's part of human nature. Differences have always created fear and the consequences that come with it (war, etc.). There is no (constructed) model for cultural competency.

**DONNA:** Organizations have to be willing to look inward – to do the "soft stuff" – but they generally don't want to. Also, this is difficult to measure.

**ADDIE:** How do you tap into the subtopics within culture, like spiritualism, etc., the variations within cultures?

**ANNE:** That is what person-centered care tries to address.

**RICARDO:** Reiterated the importance of hiring workers from within the community. Sometimes bringing in someone from outside the community doesn't work. We need to foster ideas about how to educate non-traditional, but culturally competent, students for this workforce. Given that such students have to work and raise families, they need options for education in order to meet the qualifications for the available jobs. There are a low percentage of minority (Latino) students, for example, who graduate from UWM's social work program. We need to improve things like workforce benefits that would allow people to go to school, or increase knowledge-based training opportunities and tuition reimbursement. In other words, work needs to be done both within academia and within the workplace to increase education levels of minority groups for this field.

**ANNE:** The problem of recruitment of minorities for social work, nursing, etc, is compounded with trying to get students interested in the aging field.

**RICARDO:** There is a problem with service provision when workers focus on assimilation efforts of older people rather than on quality of life/end of life services.

Anne provided a handout of the Alliance for Nonprofit Management on their Cultural Competency Initiative. This can be viewed at <http://www.allianceonline.org/cci.ipage>.

Ricardo provided a handout on Culture, included below.

# What is Culture?

The word “culture” describes the integrated pattern of human behavior that includes action, assumptions, values, reasoning, and communication of a racial, ethnic, religious, or social group. The word “competence” is the “state of being capable” (Webster’s 1977) of functioning in a particular way. Therefore, culturally competent services are systems, agencies, and practitioners that have the capacity, skills, and knowledge to respond to the unique needs of populations whose cultures are different than that which might be called dominant or mainstream American.

Each culture’s conventions satisfy basic human needs, from the perspective shared by that group of people. Some believe that people are “all the same underneath,” yet a paradox exists: we are the same in our basic human needs, yet different in the ways in which we meet those needs. Culture is a complex system of learned and conditioned responses to our needs, and thus culture is one of the greatest resources for helping human service providers understand family needs and strengths.

(Compiled from the Fall/Winter 1995-1996 issue of the Family Resource Coalition’s Report on culture and family-centered practice)

## WHAT IS CULTURAL COMPETENCE?

Congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (*Cross et al., 1989; Isaacs & Benjamin, 1991*). Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies Cultural competence is defined as a set of, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes (*Davis, 1997 referring to health outcomes*).

### What do you need to know about the Latinos in Milwaukee?

- Latinos are culturally heterogeneous
  - In Milwaukee,
    - 61% Mexican
    - 27% Puerto Rican
    - 11% from other Latin American Countries
    - 1% Cuban
- Of these 42% were born outside of the US*

### Cultural Barriers

- *Vergüenza* or fear of bringing shame to self and to family members
- Traditional gender role expectations
- Latinos are less likely to have had previous Services
- Stigma about Illness
- Less awareness of the available services
- *Hembrismo* or *marianismo* – Latinas should endure all suffering
- Machismo: Men are strong, don’t cry or show “weakness”
- Family problems stay at home

### Ethnic and Racial Identity\*

- 1 34% prefer “Hispanic”; 13% prefer “Latino”, 53% have no preference between “Hispanic” or “Latino”
  - 2 By third generation and beyond-97% define themselves as American
  - 3 Their own or parents’ country of origin  
First generation-68%, Second-38%, Third-21%
- Service tip: Ask the client how they identify rather than making assumptions.*

\*Data from National Survey of Latinos- Pew Hispanic Center

### Encounters with Prejudice\*

- Part of past and current reality
  - 82% of Latinos report that discrimination is a problem
  - 62% report experiencing discrimination or unfair treatment
  - Only 59% of Whites and 62% of African Americans report this as a problem

\*Data from National Survey of Latinos- Pew Hispanic Center

### Encounters with Prejudice\*

- Internalized Racism
  - 83% believe it is a problem
  - 47% believe this is a major problem
  - 36% believe this is a minor problem
- Reported Reasons for discrimination
  - 41% income and education level
  - 34% country of origin
  - 8% skin color

*Service Tip: Ask about individual experiences.*

\*Data from National Survey of Latinos- Pew Hispanic Center

## Migration/Immigration Status

- 1 Process of migration involves numerous losses and challenges
  - Leaving homeland, familiar surroundings, foods
  - Leaving family, friends
  - Finding employment
  - Eligibility for services
  - Fear of deportation
- 2 Depression is associated with grief, loss, and stress
- 3 Use of drugs/alcohol for self-medication  
*Service Tip: Be aware of the grieving process.*

## Language\*

- 1 Nationally
  - 47% Spanish Dominant
  - 28% Bilingual
  - 25% English Dominant
- 2 Percentages vary by generation with 78% English Dominant by the 3rd generation

\*Data from National Survey of Latinos- Pew Hispanic Center

## Systemic Barriers

- 1 Lack of Spanish speaking service Providers
- 2 Lack of culturally sensitive services
- 3 Difficulties for immigrating professionals
- 4 Services outside the Neighborhood
- 5 Lack of Education about the System

## Guidelines for Developing Culturally Responsive Professional Relationships

- *Personalismo* - the importance of developing a personal and individualized relationship with people
- *Familismo* - loyalty related to the strong identification and attachment to one's immediate and extended family
- *Simpatía* - the cultural expectation for affectionate social behaviors between people
- *Respeto* - the importance of showing respect to all no matter their situation, stature, etc.
- *Dignidad* - the importance placed on respecting another individual's sense of dignity

## Service Recommendations

- Assess current level of verbal, comprehension and writing proficiency
- Nonverbal interactions are very important, thus the use of interpreters is not adequate
- Treat the whole person rather than just the problem
- Ask, don't assume racial and ethnic identity
- Services must be offered in the language the client is comfortable
- Do not make a distinction between mind, body, and spirit
- Encourage and support sharing of cuentos or stories
- Include extended family in treatment
- Staff is able to switch between languages according to the needs of each client
- Staff are from the community or are very familiar with it
- Lack of hierarchies and stringent rules – relationships exist between clients and all staff no matter their position
- Respect for each individual culture