F. Cultural Competence

Cultural competence is a necessary characteristic for any successful service delivery system. To be effective, projects must acknowledge, understand and respect the cultures of the people they serve, integrating as much of their clients' languages and customs as possible into the provision of services.

HCH projects should incorporate several elements of culturally competent practice as discussed in the following questions:

• How do we define "culture" in the context of HCH projects?

• What is cultural competence and how is it different from cultural sensitivity?

• What steps can HCH projects take to develop a culturally competent organization?

HOW DO WE DEFINE "CULTURE" IN THE CONTEXT OF HCH PROJECTS?

Culture is defined in the dictionary as "the totality of socially transmitted behavior patterns, arts, beliefs, institutions, and all other products of human work and thought characteristic of a community or population."[1] Although many people may think that the term culture, when referring to cultural competence, relates only to "ethnic minority" populations, the concept is actually much broader. Cultural characteristics are influenced by ethnic/racial background, country of origin, language, gender, socioeconomic status, level of education, sexual orientation, physical capacity, age, spirituality/religion, and regional perspectives.

All of these influences come into play when working with people who are homeless. Clearly you want to be aware of and consider the different ethnic/racial backgrounds, languages and immigrant status of the homeless people you serve. But because homeless people in many communities are very transient, you also need to be sensitive to differing regional perspectives, beliefs and behaviors. Sensitivity to issues of sexual orientation is also important, especially when working with runaways, who frequently leave home due to conflict over sexual orientation.

Although some people refer to a "culture of homelessness," what they are observing is not culture as defined above, but rather learned survival techniques and the effects of living in abject poverty. In actuality, people who are homeless represent almost as many different cultures as housed people. However, people of ethnic minority groups are over-represented in the homeless population, which increases the need for development of cultural competence in HCH projects.

WHAT IS CULTURAL COMPETENCE AND HOW IS IT DIFFERENT FROM CULTURAL SENSITIVITY?

Cultural competence is distinguished from cultural sensitivity as described by Miguel D. Tirado:

> By *'cultural competence,'* we mean the level of knowledge-based skills required to provide effective clinical care to patients from a particular ethnic or racial group. By *'cultural sensitivity'* we mean a psychological propensity to adjust one's practice styles to the needs of different ethnic or racial groups. We do not assume that providers who possess one of these qualities will necessarily possess both. One example is that physicians from one ethnic group may be competent to treat patients from their own ethnic group

while lacking cultural sensitivity needed to address the needs of patients from other ethnic groups.[2]

While the positive, open attitude of being culturally sensitive is necessary, it becomes cultural competence when it is put into practice. Practicing cultural competence involves a combination of personal attributes or **attitude, knowledge** and **skills.**[3] Some of the personal attributes or **attitudes** necessary include:

• Being genuine, empathetic, warm and respectful.

• Flexibility in considering a range of possible solutions to a problem.

• Acceptance of cultural differences between people.

• Willingness to work with clients of different ethnic minority groups and cultures.

• Understanding of your personal values, stereotypes and biases about your own culture, ethnicity and social class and how this may conflict with meeting the needs of homeless people of other cultures, ethnicities or social classes.

• Personal commitment to challenging poverty, and changing oppressive and discriminatory institutions, policies and attitudes related to all cultural characteristics.

• Resolution of personal feelings regarding your own culture – whether benefiting from being part of the "dominant" culture, or struggling with discrimination in your own life and profession.

Specific **knowledge** of the various cultures represented by HCH clients is an essential foundation of cultural competence. This includes understanding the history, traditions, values, family systems and artistic expressions, as well as characteristic behavior, attitudes and values. Especially important in a health or social services setting is understanding the effects of particular cultures on the help-seeking behaviors of people who are homeless, as well as the specific health beliefs and healing practices of the culture involved.

In addition, HCH projects need to be aware of the impact of social service policies on homeless clients of different cultural backgrounds, and have

a knowledge of power relationships within the community, project or larger institution and their impact on these clients. It is important to know what resources (agencies, individuals, informal helping networks, research) might be available that can assist in working with clients of different cultures.

It is also important to have knowledge of the role of language, speech patterns and communication styles of clients who don't speak English.

Clearly, a positive attitude and knowledge about a culture will be of little use if not put into practice. The issue of language provides a good example of how knowledge must translate into **skill.** It is not enough just to know a language in the technical sense. It is important to have staff that speak and understand the language(s) spoken by the homeless clients you serve, and that they or someone else be available to translate for staff who do not have the language skills. However, a common mistake is to assume that because someone knows the formal structure of a language, he or she can communicate with the client. Not only are there differences in dialects or use of language in different countries, regions or socioeconomic groups, there are nuances that must be understood, especially in conjunction with an understanding of communication styles, etiquette and body language.

These differences also must be taken into consideration when translating written materials. It is absolutely essential to identify and understand the target audience for any written materials, including literacy levels as well as language styles. If printed materials are an integral part of the program, they should be pre-tested with people from the target audience, to assure their relevance and appropriateness.

Skill is also needed to adjust clinical practice to accommodate certain health beliefs and healing practices of different cultures. Cultural beliefs affect attitudes toward disease and health, as well as offering explanations for causes of ill health, including mental illness and substance abuse. What may be labeled "non-compliance" by a health care provider may actually be due to cultural differences in interpreting the diagnosis and/or treatment.

WHAT STEPS CAN HCH PROJECTS TAKE TO DEVELOP A CULTURALLY COMPETENT ORGANIZATION?

Cultural competency is a desirable goal for organizations, not just individuals. To develop cultural competency at the organizational level, it is

necessary to consider policies, as well as individual practitioners' behavior. Some examples of actions an HCH project can take to begin developing or to sustain cultural competency include:

- Develop systematic, periodic and follow-up training regarding specific cultural backgrounds of the clients being served.

- Identify staff who are prepared to help formally train other staff members in specific cultural areas, as well as being available on an informal basis to help further that understanding.

- Develop a policy or philosophy regarding hiring people who are home-less or who have been homeless, and people who represent the cultural diversity of the homeless population.

- Identify available staff positions that would benefit from the experi-ence and skills of a person who has been homeless or who is from a particular cultural or language group.

- Offer special training to help new staff members succeed in these positions.

- Encourage participation of homeless people from diverse cultural backgrounds in program planning and implementation, evaluation, and policy-making, including involving homeless or formerly home-less people from diverse cultural backgrounds in the organizational governing body (board of directors or advisory committee) or as advisors to the policy-making process.

NOTES

1   W. Morris, (Ed.). *The American Heritage Dictionary of the English Language*. New York: American Heritage Publishing, 1969, p. 321.

2   M.D. Tirado. *Tools for Monitoring Cultural Competence in Health Care*. San Francisco: Latino Coalition for a Healthy California, 1996, p. 1.

3   CASSP Technical Assistance Center. Developing Cultural Competence. *Toward a Culturally Competent System of Care, 1*. Washington, DC: Georgetown University Child Development Center, p. 35-37.