

Becoming Culturally Competent Outreach Workers

Reminders on the journey ...

- We need to “**check our own pulse**” and become aware of personal attitudes, beliefs, biases, and behaviors that may influence (consciously or unconsciously) our outreach activities as well as our interactions with colleagues and staff from diverse racial, ethnic, and sociocultural backgrounds.
- **Every outreach encounter is cross-cultural.** Developing partnerships with people experiencing homelessness and maintaining “cultural humility” can help us to learn and better understand the social and environmental contexts in they live.
- **There is no “one” way** to treat any racial and ethnic group, given the great sociocultural diversity within these broad classifications. We need instead to have a framework of interventions that can be individualized and applied in a client-centered manner.
- Our outreach work needs to be **flexible, authentic, and ethical.** We need to appropriately tailor our interventions to our clients and their situation.
- **Diversity is often greater within groups than between them.** Cookbook approaches about working with patients from diverse sociocultural backgrounds are not useful and instead risk potentially dangerous stereotyping and overgeneralization.
- It is important to understand not only **client and community barriers** to care, but **outreach worker and social/health care system barriers** to care. To eliminate racial and ethnic disparity, health care providers and organizations need to become more culturally and linguistically competent.
- We need to challenge and confront **racism, sexism, classism, and other forms of prejudice and discrimination** that occur in outreach encounters as well as in the society-at-large.

(Adapted from Betancourt, J. R., and R. C. Like. 2000. “Editorial: A New Framework of Care.” *Patient Care* Special Issue, Caring for Diverse Populations: Breaking Down Barriers, May 15, 2000, pp. 10-12.)