


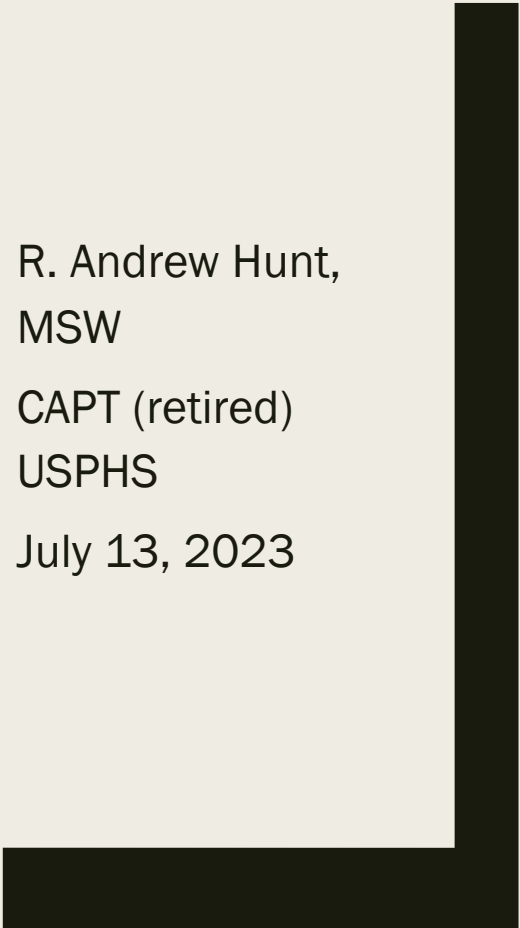
IMPROVING  
CULTURAL  
COMPETENCY WHEN  
SERVING AMERICAN  
INDIAN/ALASKA  
NATIVES



R. Andrew Hunt,  
MSW

CAPT (retired)  
USPHS

July 13, 2023



# Introducing the Presenter R. Andrew Hunt, MSW

Andy is an enrolled member of the Lumbee Tribe of North Carolina. After a 30-year career, he retired in 2021 as a Captain in the US Public Health Service. He received his MSW in 1991 from Portland State University, where he began his protégé relationship with Terry Cross – one of the founders of the cultural competence movement. Since then, he provided various versions of this training to a wide range of audiences across the country. As an independent consultant, he continues to be recognized as a thought leader in the field of cultural competence and topics related to tribal mental health and community development. He currently lives in Mount Airy, Maryland.



A vertical image on the left side of the slide shows a red teepee illuminated from within, set against a sunset sky with warm orange and yellow tones. The teepee is the central focus of the image, with its wooden poles visible at the top. The background is a dark, solid color, likely black or dark grey, which makes the white text stand out.

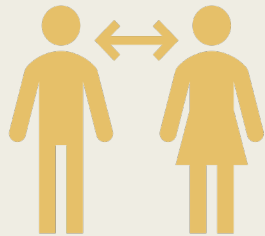
# Objectives

1. Define the term “cultural competence” and identify the five elements of the cultural competence model.
2. Examine one’s own culture and reactions to cultural differences.
3. Identify ideas for personal and professional growth using the cultural competence framework.

# Working Cross-Culturally

- Requires a framework and purposeful approach to be most effective
- This presentation is founded on the Cultural Competence Model developed in the 1989 seminal Monograph *Toward a Culturally Competent System of Care...* written by Cross, Bazron, Dennis and Isaacs, and published by Georgetown University.

# Cultural Competence Defined



## At the Individual Level:

“The state of being capable of functioning effectively in the context of cultural differences.”



## At the Organizational Level:

“A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. “

(Cross, et. al)



# What is “culture”?

- What comes to mind when you hear the word “Culture”?
  - *Brainstorm a list...*

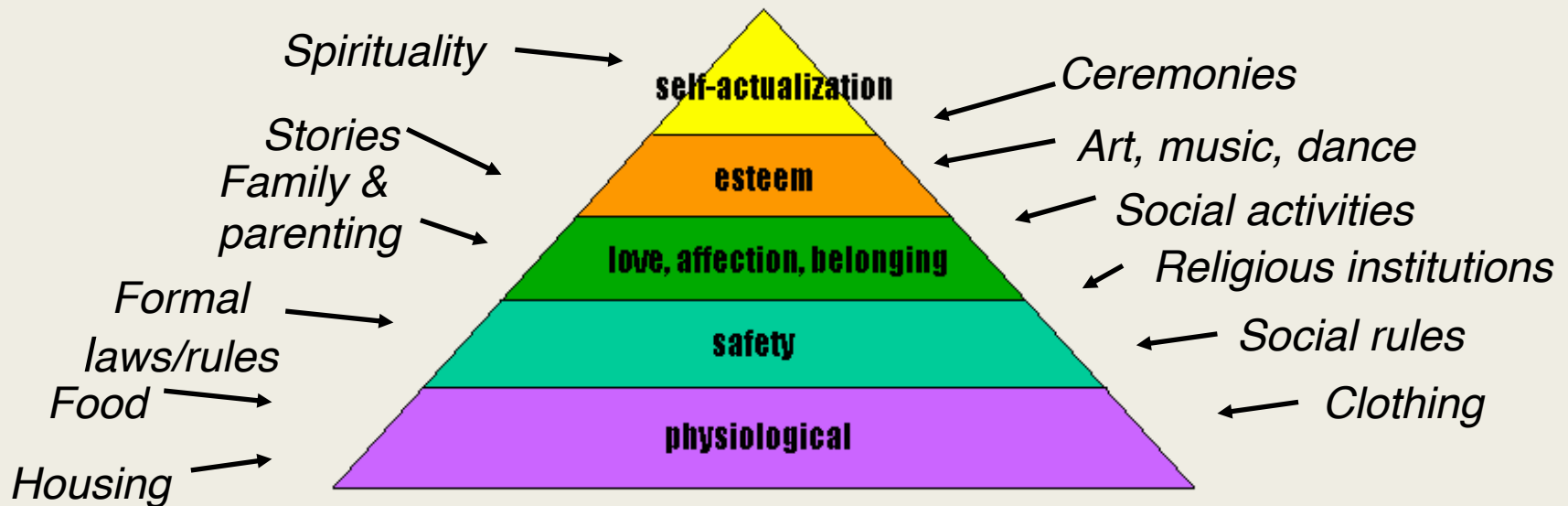
# Webster's definition of "culture"



- The integrated pattern of human knowledge, belief, and behavior that depends upon man's capacity for learning and transmitting knowledge to succeeding generations
- The customary beliefs, social forms, and material traits of a racial, religious, or social group
- The set of shared attitudes, values, goals, and practices that characterizes a company or corporation

# Maslow's Hierarchy of Needs

The paradox of “people are all the same” and yet can be so different.







# Human Needs and Culture

- Practically speaking, “culture” can be viewed as one group of people’s preferred way of meeting their basic human needs
  - *Examples...*
- This has implications for providing services, given the cultural diversity among AI/AN communities
- People tend to have a strong, if unconscious, desire for their core cultural preferences to meet their needs
  - *Trust in others who are people “like me”*
  - *“The way we do things here.”*

# Potential Areas for a “cultural bump” in AI/AN communities



- Concepts of health, healing, help seeking, and wellness belief systems
- Language and non-verbal communication styles
- How health care messages are delivered and received
- Behavior and coping strategies of community members and their attitudes toward outsiders
- Service delivery structure and style of the provider whose culture, values, or style may not be congruent with the community being served



## *"Culture is to people as water is to fish"*

Asking someone "tell me about your culture" is a challenge.


People are so surrounded by their culture; they may not be able to describe cultural differences you may observe as an outsider.

If asked directly, they may only identify obvious elements such as song, dance, or language and not the deeper nuances of culture.



# What is the best treatment for the common cold?





# Do unto others??

- Example for discussion:
- Chicken soup or Vicks Vapo Rub for your sick friend?
- If your preference is Vicks when you are sick, and you provide services with the idea everyone likes/needs Vicks Vapor Rub when they have a cold...
  - *What happens to those who like/need the chicken soup remedy?*



## Interacting in cross-cultural service delivery settings: Do unto others??

- The **Golden Rule** states that you should treat others like you want others to treat you
  - *The assumption is other people would like to be cared for the same as the way you would*
- The **Platinum Rule** states that you should treat others the way THEY like to be treated.
  - *The assumption is other people may prefer being cared for in ways different than yours, and you need to provide care in the way they prefer*

# Why we say “Cultural Competence” not “Cultural Awareness”

## Definitions:

### ■ Awareness

- *having or showing realization, perception, or knowledge*
- *implies vigilance in observing or alertness in drawing inferences from what one experiences*
- *does not need action, or adaptation*

### ■ Competence

- *The state/process of being competent*
- *having the capacity to function or develop in a particular way; specifically: having the capacity to respond*
- *Requires action and adaptation*



# Why we say “Cultural Competence” not “Cultural Awareness”, or “Cultural Humility”



“Competence” is not a bad word...



“Awareness” and “Humility” are parts of the process of developing “competency” and are not sufficient in themselves.



Would you want a doctor who is going to operate on you to have surgical “awareness”, or surgical “humility” or a doctor with surgical “competence”?



When interacting with different cultures is “awareness” enough, or “humility” enough? Or should a person also have a level of “competence” (skill in adapting) in their ability to interact effectively?



# What is “competence”?



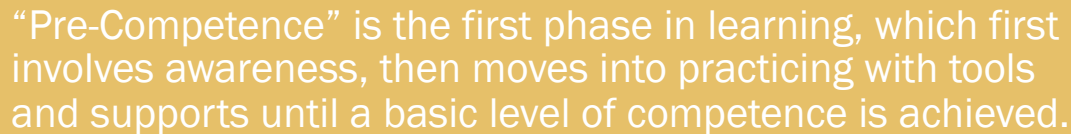
MANY CLINICIANS ARE REQUIRED  
DEMONSTRATE “COMPETENCE” FOR THEIR  
SKILL IN DOING A SPECIFIC PROCEDURE.



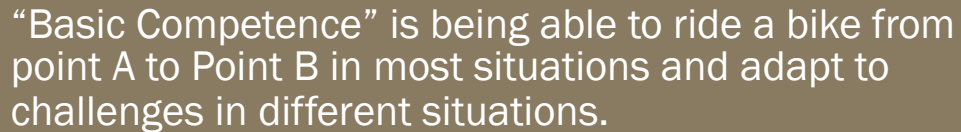
BIKE RIDING IS A SKILL MOST PEOPLE HAVE  
AND WILL BE USED AS AN EXAMPLE OF  
DEMONSTRATING COMPETENCE

- What is “competence”?  
An example

“Pre-Competence” is the first phase in learning, which first involves awareness, then moves into practicing with tools and supports until a basic level of competence is achieved.



“Basic Competence” is being able to ride a bike from point A to Point B in most situations and adapt to challenges in different situations.



“Advanced Competence” is for those who can do more than go from Point A to Point B on a bike. This involves special skills that take years of practice, taking risks to accomplish and striving for excellence in many areas.

# Competence: a Continuum of ability and skills...



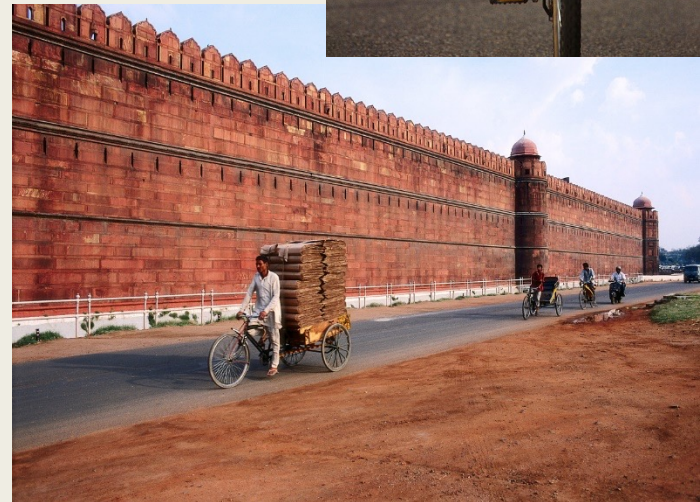
**Pre-Competence**







# Basic Competence







# Advanced Competence

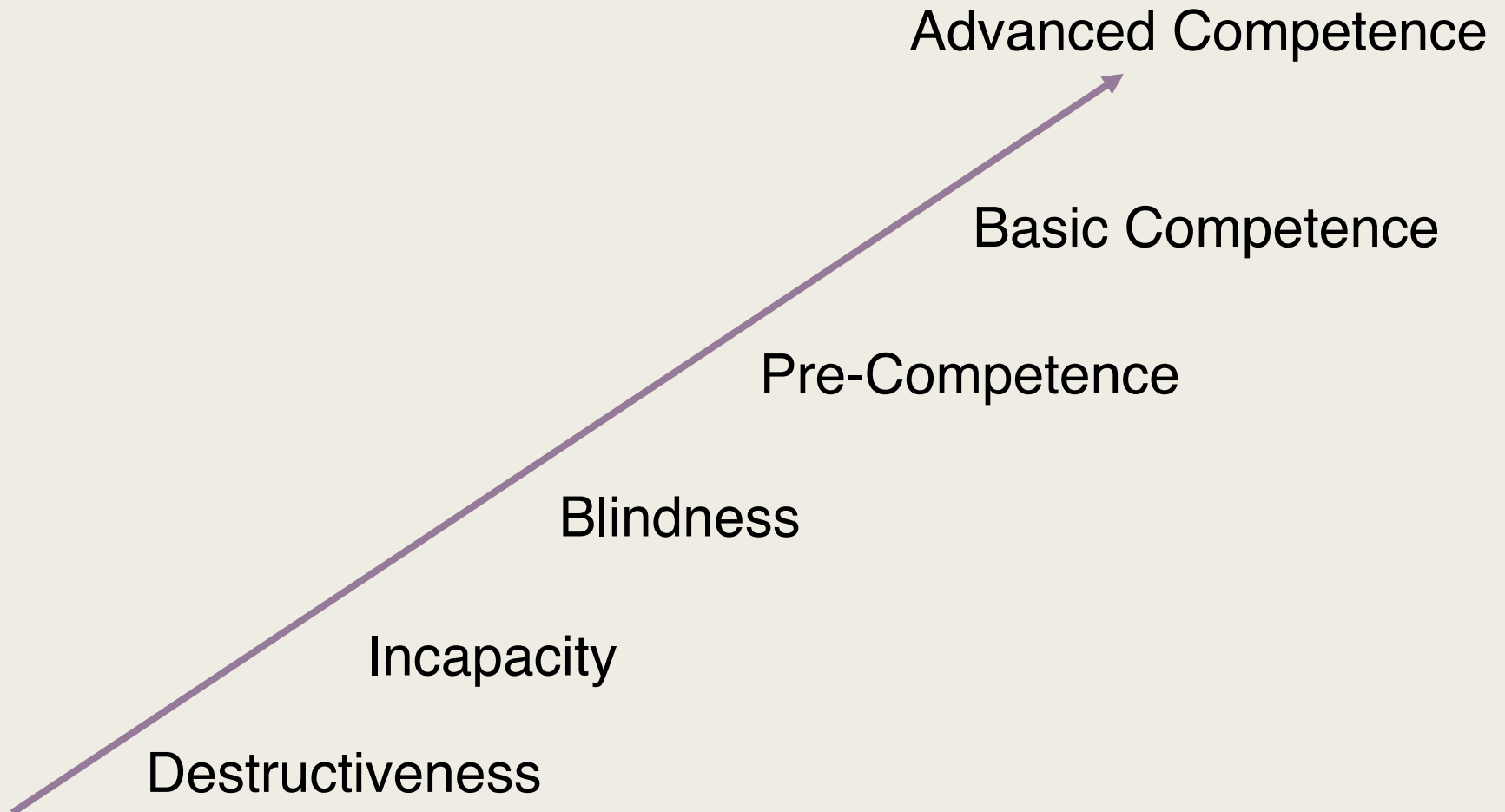




# Ongoing Cultural Competence

- Cultural competence clearly implies the ability to take action, adapt and function in a different environment
- It is a commitment to a developmental process - not a “check box” that you either have or do not have
  - *This presentation will not make you “culturally competent”*
  - *You are not “competent” or “incompetent”*
  - *There is a continuum and ongoing path to seek higher levels of competence in cross cultural situations*
- If you think you have “arrived” at competence, you will likely find a new situation to learn from.

# Cultural Competence Continuum



# Five Elements of the Cultural Competence Model

1. Awareness and acceptance of difference
2. Awareness of own cultural values
3. Understanding and managing for the “dynamics of difference”
4. Development of cultural knowledge
5. Ability to adapt practice to fit the cultural context of the client/family



# The “Dynamics of Difference”

- The range of what can happen when people from two cultures meet...each person interprets the responses of others within the context of his/her own cultural experience.
- This interaction is affected by differences in:
  - *Language and communication style*
  - *Economic opportunity*
  - *Family configuration and kinship structures*
  - *How problems are defined or solved*
  - *Non-verbal communication*
  - *Political, historical influences*

# Practical Suggestions

- Be open to learning through the act of unintentionally offending members of a community
- Find opportunities to get honest feedback by developing relationships with cultural brokers in the community
- Watch and describe natural behavior and adapt your behavior accordingly
- Think beyond terms of just working with individuals by thinking about family and community health/wellness
- Get out of your comfort zone

# The AI/AN Setting

- Elements 4 and 5 of the model are especially relevant when working in an AI/AN tribal community
  - 4. Development of cultural knowledge*
  - 5. Ability to adapt practice to fit the cultural context of the client/family*
- Learning specifics of the community you are working in is important.



WHAT'S NEXT?



# Practical Suggestions

- Know what you don't know...
- Be humble and open to learning, especially if you make a cultural misstep, or unintentionally offend members of the community
- Find opportunities to get honest feedback by developing relationships with cultural brokers
- Observe natural behavior of people from the community and adapt your behavior accordingly
- Don't think that you are "done" learning if you attend a few training sessions



# Suggested Next Steps

- Do self assessments
  - Consider taking the Implicit Association Test  
<https://implicit.harvard.edu/implicit/takeatest.html>
  - Visit the National Center for Cultural Competence  
<https://nccc.georgetown.edu/assessments/>
  - Talk with a trusted elder or cultural broker you are working with to get honest feedback
- Develop a personal plan for action
- Share what you learned

# Resources

- *Towards a Culturally Competent System of Care...* (1989)
  - <https://ccpep.org/wp-content/uploads/2018/08/Cross.-Terry.-Toward-a-Culturally-Competent-System-of-Care-.pdf>
- Georgetown University National Center for Cultural Competence
  - <https://nccc.georgetown.edu/>
- *American Indian and Alaska Native Culture Card: A Guide to Build Cultural Awareness*
  - <https://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/sma08-4354>

# Presenter Contact Information

R. Andrew Hunt, MSW

CAPT (retired) US Public Health Service

Independent Social Work Consultant

[capt.andyhunt@yahoo.com](mailto:capt.andyhunt@yahoo.com)