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CHILD MENTAL HEALTH FOR PRIMARY CARE

Providing Culturally Competent Care

Why do we talk about cultural competence in healthcare?

People with different backgrounds and experiences have different health outcomes. Our national population is increasingly diverse, which has led to more awareness about providing culturally appropriate healthcare. Culturally competent healthcare improves health outcomes, quality of care, patient satisfaction, and patient-provider communication.

CULTURAL COMPETENCY	The ability to understand, appreciate and interact with people from cultures or belief systems different from one's own

Providing culturally competent care involves having knowledge of some of the common health beliefs and practices of diverse populations. For example, empacho is a condition commonly recognized in the Latinx population in which it is believed that there is a gastrointestinal obstruction caused by food or saliva. Check out this article (Flores, 2000) to learn more about cultural values and folk illnesses in the Latinx community. Culturally competent care also involves knowledge and awareness about disease rates, trends, and treatment efficacy for diverse populations.

There is more to providing culturally competent and inclusive care than learning about cultural groups, because of the risk that this limited approach can lead to stereotyping and bias. Beyond cultural competency, there is a focus on provider training and education on cultural humility.

CULTURAL HUMILITY	A long-term process of self-reflection and personal critique of biases, with understanding that identity and experiences are evolving and dynamic

From a perspective of cultural humility, providers:

- Listen to patients with curiosity and without judgment,
- Acknowledge that patients are the authority on their own experiences, and
- Recognize the power dynamic and privilege as a provider in patient-provider interactions.

Here are a few reflection questions to begin your journey of cultural awareness:

- What are my identities? Race, gender, sexuality, ethnicity, nationality, ability, religion, age, social class, etc.
- Which of my identities are privileged? When do I notice this privilege?
- Which of my identities are marginalized? When do I notice this marginalization?
- What identities do I first notice in my patients? What type of biases might I have?

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Resources and References

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