Cultural Humility and Cultural Intelligence

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Learning Objectives

1. Participants will be able to describe Cultural Humility and Intelligence;

2. Participants will be able to describe Health Disparities and Health Equity;

3. Participants will be able to identify at least 3 techniques and strategies for improving delivering services in an equitable manner services.
* Let’s Define Culture

**Culture Is...(Merriam-Webster):** The integrated pattern of human knowledge, beliefs, and behaviors that depends upon a person’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; and

The set of shared attitudes, values, goals, and practices that characterizes a group.
Cultural Competency Continuum

- Destructiveness
- Incapacity
- Blindness
- Pre-competence
- Competence
- Proficiency
Cultural Humility

“Cultural Humility incorporates a lifelong commitment to self-evaluation and self critique to redressing the power imbalances in the patient-physician dynamic and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and the defined population.”

(Tervalon and Murry-Garcia, 1998)
Cultural Intelligence

“Cultural Intelligence is the capability to relate and work effectively in culturally diverse situations. It goes beyond existing notions of cultural sensitivity and awareness to highlight a theoretically-based set of capabilities needed to successfully and respectfully accomplish your objectives in culturally diverse settings.” (Cultural Intelligence Center, 2019)
How We Claim We Treat People……

- Non-Bias
- Non-Judgemental
- As They Come
- As We Want to be Treated
- The Same
Spectrum of Attitudes

• People Viewed as Objects

• People Viewed as Recipients

• People Viewed as Resources
“Particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Healthy People 2020
Welcome to Day 2: June 16, 2020
Cultural Humility and Cultural Intelligence

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Essential Elements to Cultural Inclusiveness

1. Valuing diversity

2. Awareness of the “dynamic of difference”

3. Ability to institutionalize cultural knowledge

4. Adaptation to diversity

5. Cultural self-assessments
Individual Factors Associated with Disparities

- Race/Ethnicity
- Religion
- Socioeconomic status
- Ability
- Gender
- Age
- Sexual orientation
- Gender identity
- Other characteristics historically linked to discrimination or exclusion
Social Factors Associated with Disparities

• Education

• Neighborhood Conditions

• Environmental Hazards

• Access to Prevention and Treatment

• Health Insurance Coverage
Poll Question: Disparities

• Disparities are a Product of Individual Bad Behaviors?
• Yes or No
Mass Incarceration

1970
200,000

People Incarcerated in the USA!!!

5.5 to 6 Million Individuals on Probation, Parole, House Arrest!

2020
2.3 Million
Deliberate Policies!

- Deinstitutionalization
- War On Drugs
- Criminalization of Behaviors
- Powder vs. Crack Cocaine
- Mandatory Minimums
- No Voting Rights

So Called “Plea Bargains:”
- 97% at the Federal level
- 94% State Level

- Schools Zones
- 3 Strikes and You're Out
- Massive Prison Construction
- Privatization of Prisons/Jails
- Criminal Offender Records

- Others
Young Male Incarceration Rates, 2018

(number of people 25-29 years old incarcerated per 100,000 people in that age group)

Source: Prepared by the Prison Policy Initiative from Bureau of Justice Statistics,
Opioid Crisis: Poll Question # 1

Do You Believe we only have an Opioid Crisis?

Yes, No, Not Sure
OVER CRIMINALIZED

Health

SUBSTANCE USE DISORDERS

EMPLOYMENT Opportunities

Khan Academy

COMMUNITY

mental health

AFFORDABLE HOUSING
Massachusetts Department of Public Health Data...

• In 2017 there was an 8.3% reduction in opioid overdose deaths.
• In 2018 and 2019 there was a 4% reduction in opioid overdose deaths.
• Between 2015 and 2017 there was a 83% increase in deaths amongst African Americans.
• Between 2015 and 2017 there was a 100% increase in deaths amongst Latinxs and Hispanics.

Myopic view of the problem, coupled with inaction, will yield disparities and inadequate solutions!
Health Equity......

“Behavioral Health Equity is the right to access quality health care for all populations regardless of the individual’s race, ethnicity, gender, socioeconomic status, sexual orientation, geographical location and social conditions through prevention and treatment of mental health and substance use conditions and disorders.” SAMHSA
Breakout Session 1:
2 Observations Regarding Equality
2 Observations Regarding Reality
2 Observations Regarding Equity
Evidence: All Credible Outcomes Show That…

There is more than one path to recovery.
Strengths-Based Engagement and Practice
Creating Effective Helping Relationships

We Can Do It!

Everybody is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid.

-Albert Einstein
Cultural Self-Assessments

- Developed for individuals and organizations
- Gauge the degree to which you are effectively addressing the needs of culturally and linguistically diverse groups
- Determine your strengths and areas for growth
- Plan strategically for the systematic incorporation of culturally and linguistically competent policy, structures, and practices

Source: National Center for Cultural Competency, https://nccc.georgetown.edu
The enhanced **National Standards for Culturally and Linguistically Appropriate Services** in Health Care are issued by the USDHHS’ Office of Minority Health to advance health equity, improve quality and eliminate health care disparities by establishing a blueprint to implement culturally and linguistically appropriate services.
Principle CLAS Standard

• Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
CLAS: Three Broader Themes

• Theme 1: Governance, Leadership and Workforce (Standards 2-4).

• Theme 2: Communication and Language Assistance (Standards 5-8).

• Theme 3: Engagement, Continuous improvement and Accountability (Standards 9-15).
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Breakout Session 2:
What are 2 Challenges to this Work and 2 Ways to Overcome Them?
¡Gracias! - Thank You!
Resources

- https://www.thinkculturalhealth.hhs.gov/content/clas.asp
- National Center for Cultural Competence: http://nccc.georgetown.edu/
- Individual and Organizational Self Assessments: http://nccc.georgetown.edu/resources/assessments.html
- Additional Readings: http://nccc.georgetown.edu/resources/publicationstitle.html