



## Welcome!

Before we begin, please open a **new separate window** OR **use your phone** to log into **Mentimeter**.

**Step 1:** Go to [www.Menti.com](http://www.Menti.com) or scan QR Code

**Step 2:** Enter the code **3549 0342**



We will be moving back and forth between Zoom and Mentimeter during this session.

We will be starting the session momentarily.


# Icebreaker Activity-

Step 1: Go to [www.Menti.com](http://www.Menti.com)

Step 2: Enter the code



What's your favorite  
Halloween costume?

A photograph of two women in a professional setting. The woman on the left has curly hair and is smiling while looking at the woman on the right. The woman on the right has her hair pulled back and is wearing large hoop earrings. They appear to be in a meeting or collaborative discussion.

**5-Part Learning Series  
Improving Cultural Competency for Behavioral Health  
Professionals Serving Public Housing Residents**

Learning Collaborative  
Session 2  
October 28, 2021

**NCHPA**  
National Center for Health in Public Housing

# Introductions in the chat

---

- Name
- Title
- Organization





# Welcome



**Saqi Maleque Cho, DrPH, MSPH**  
*Director of Research, Policy,  
and Health Promotion*



**Fide Pineda Sandoval, CHES**  
*Health Research Assistant*



**Chantel Moore, MA**  
*Communications Specialist*



National Center for Health in Public Housing

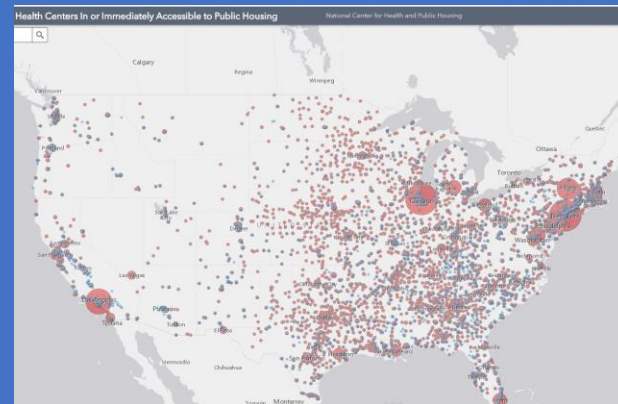
Strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees.

Training and Technical Assistance

Research and Evaluation

Outreach and Collaboration

[info@nchph.org](mailto:info@nchph.org)  
[www.nchph.org](http://www.nchph.org)



- **Webinars**
- **Monographs**
- **Provider and Resident-Centered Factsheets**
- **Interactive Maps**
- **Training Manuals**
- **Newsletters**
- **Collaboration Guides**
- **One-on-One Matching**

This learning collaborative is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,004,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov).



Join Us!

Consider minimizing your email

Consider putting your phone  
away

Consider muting Slack or Teams

Consider anything that will help  
you be present for the next hour



MUTE

CHAT

RAISE HAND

Q&A



# Engaging participants through multiple platforms



- **Zoom**
  - Session lecture slides
  - Chat
  - Post – evaluation surveys

- **Moodle**
  - Handouts
  - Power point slides
  - Recordings



- **Mentimeter**
  - Polls
  - Quizzes
  - Videos
  - Case studies videos and audio

- **Breakout Rooms**
  - Group discussions



# Session 2 Modules

1

Culture, cultural identity, and intersectionality

2

Cultural competency and cultural humility

3

Cultural competency and the workforce

4

Cultural competency and quality of care

**How will this material benefit or impact your work?**



# 1

## Culture, cultural identity, and intersectionality

Culture determines how we see the world (our worldview). It is a way to make meaning of things.



“We don’t see things as they are; we see them as we are.”

# Culture

The integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as religious, spiritual, biological, geographical, or sociological characteristics.

-- Office of Minority Health,  
U.S. Department of Health and Human Services

# Case study – Mr. Cho (Part 1)



Horace Cho is a 57-year-old businessman from Hong Kong who has lived in Seattle for 15 years.

He was referred to a psychologist for insomnia, fatigue, loss of appetite, gastrointestinal distress, and depressed mood.

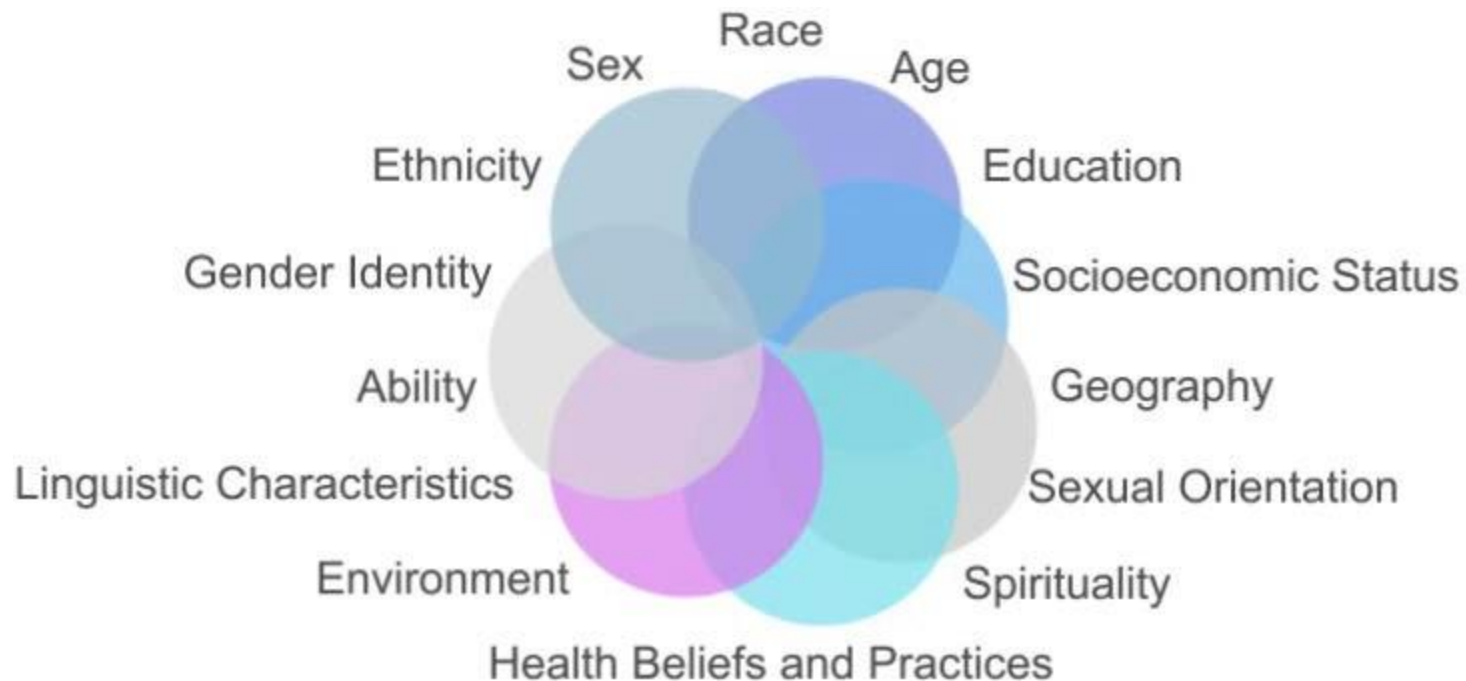




# Cultural identity

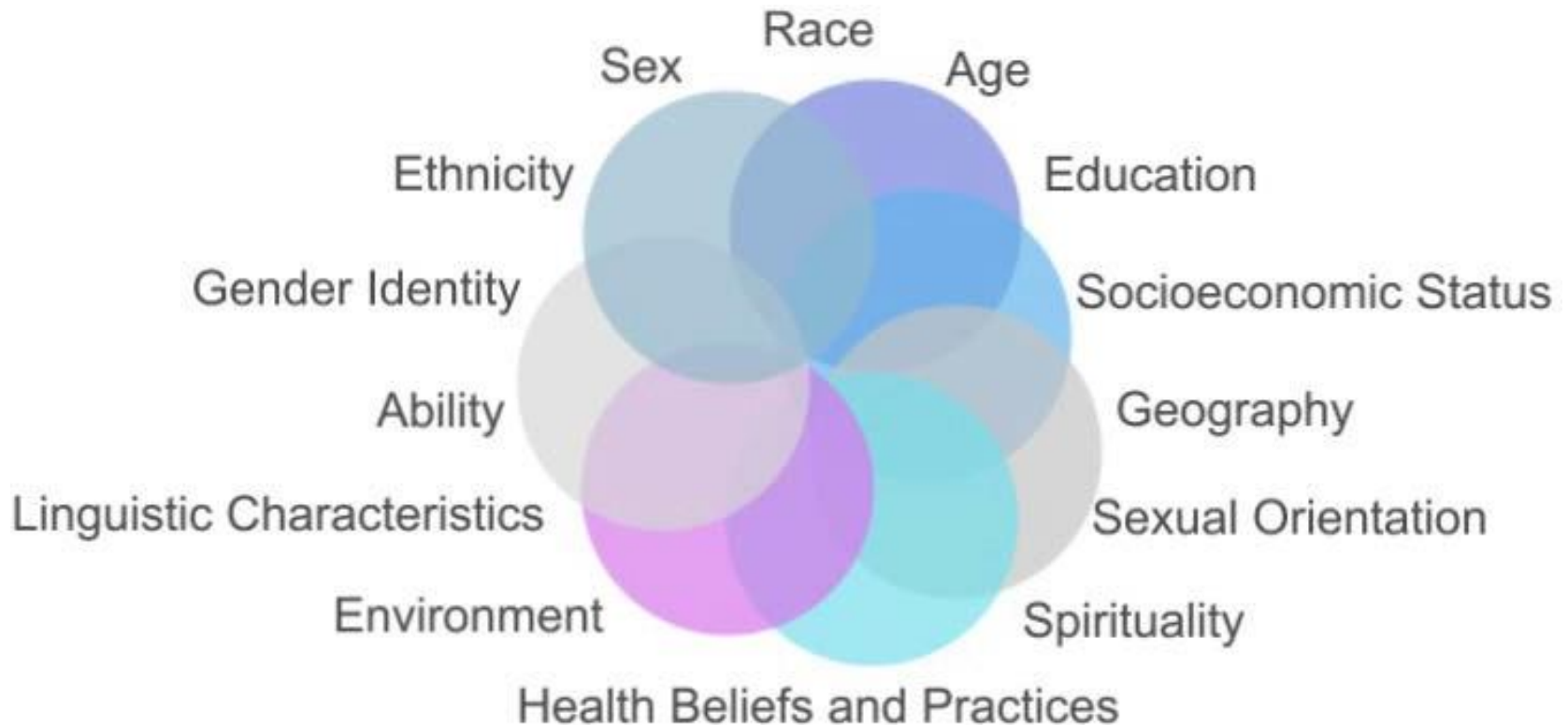
A combination of multiple, interlocking social identities.  
Complex; can change over time.

-- Chen, Y., & Lin, H. (2016); SAMHSA. (2014).



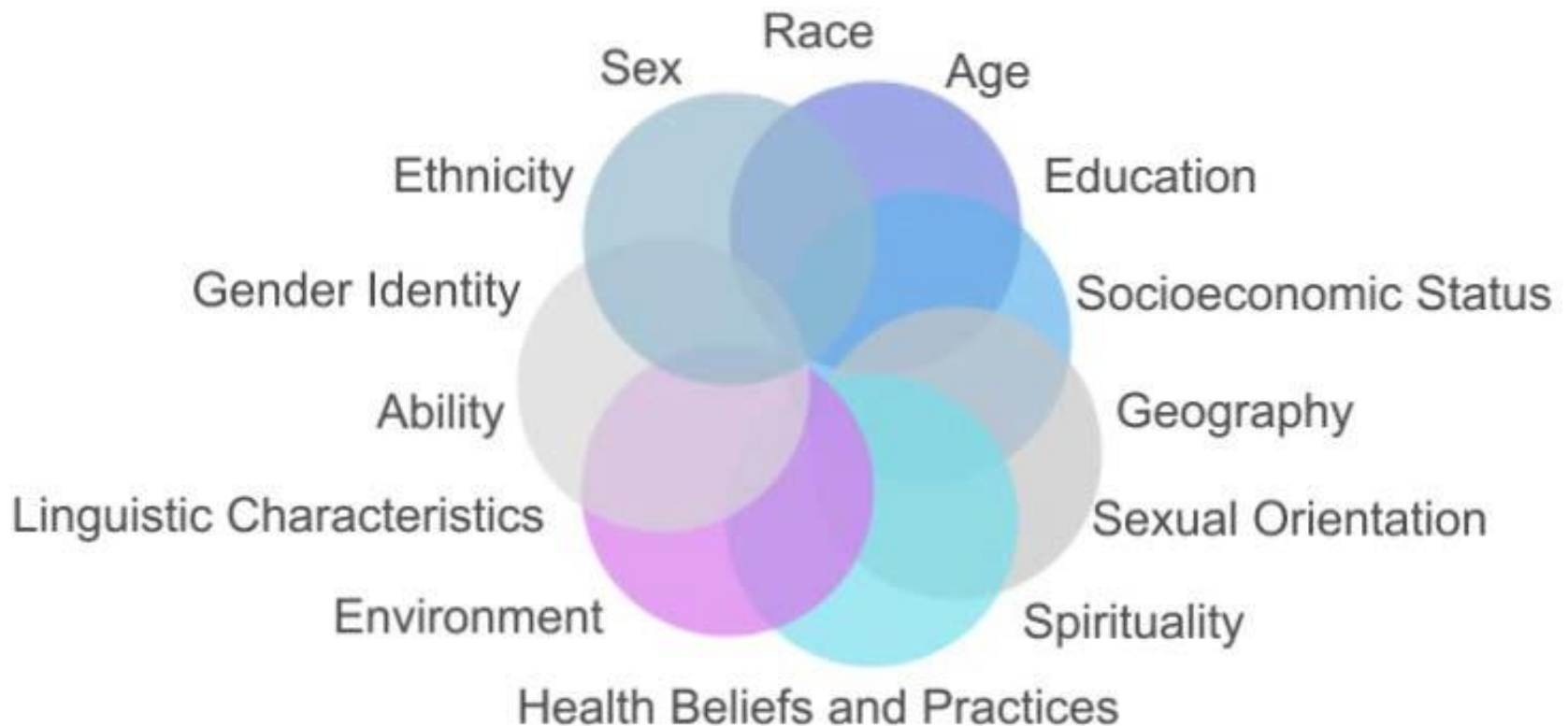
# My cultural identity

I am \_\_\_\_\_.



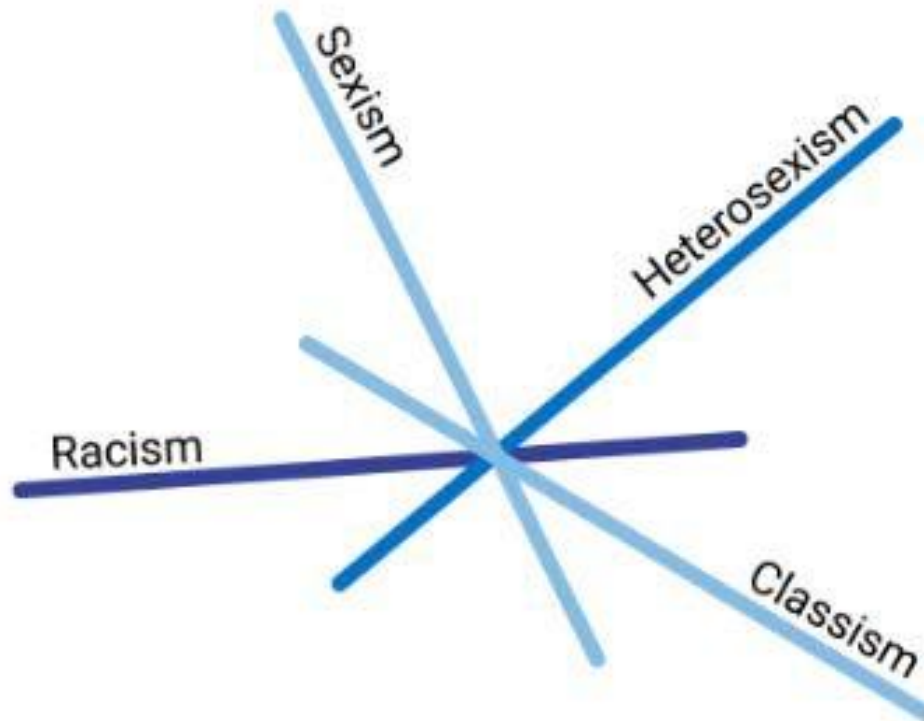
# My cultural identity

I am \_\_\_\_\_.



# Intersectionality

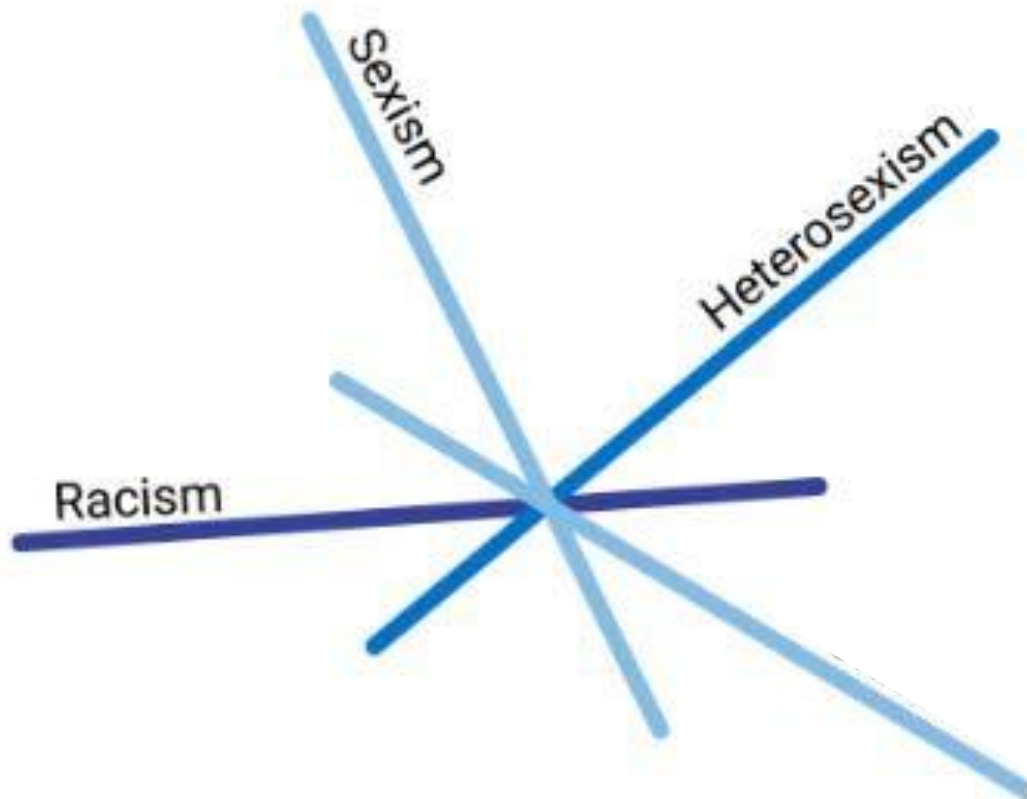
The multiple social identities that intersect at the individual level to reflect interlocking systems of privilege and oppression at the societal level.



-- Bowleg, L. (2012).

# Intersectionality

Let's say I'm a clinician meeting a new client who is a woman. Consider the possible life experiences of a white, heterosexual woman compared to an African American, lesbian woman.





## 2

# Cultural competency and cultural humility

Cultural and linguistic competency : The capacity to work and communicate effectively in cross-cultural situations.

-- Cross, T. L., Bazron, B. J., Dennis, K. W., & Isaacs, M. R. (1989).

Cultural humility: The ability to maintain a stance that is open to others in relation to aspects of your cultural identity that are most important to you

-- Hook, J., Davis, D., Owen, J., Worthington, E., & Utsey, S. (2013).

# Which statements reflect cultural and linguistic competency?

1. “Our office is culturally and linguistically competent because Diana, who speaks Spanish, works with the majority of our Latino clients.”
2. “We want to adapt our services to the values and needs of the members of our community. What else can we do?”
3. “We see all of our clients as the same. There's no difference between what our Hispanic and African American clients need.”
4. “I don't like seeing those patients because they never get to appointments on time or follow the recommended treatment plan.”



# Cultural humility

A continuous process of self-reflection examining one's biases and stereotypes



An openness to learning more about clients' cultures, perspectives, beliefs, values, and worldview



Prioritizing the client's culture, perspective, beliefs, values, and worldview



Acknowledging one's limitations



Continued growth and development over time



# Case study – Mr. Cho (Part 2)



Horace Cho is a 57-year-old businessman from Hong Kong who has lived in Seattle for 15 years. He was referred to a psychologist for insomnia, fatigue, loss of appetite, gastrointestinal distress, and depressed mood.

At the initial interview, Mr. Cho denies depressed mood but agrees that symptoms, business difficulties, and value conflicts in his family are “upsetting sometimes.”



# Cultural competency and cultural humility improve quality of care

Cultural competency  
includes the commitment to  
practice cultural humility.



Cultural humility  
acknowledges that even  
with training in cultural and  
linguistic competency, we  
always have more to learn.



# 3

## Cultural competency and the behavioral health workforce

“The cultures that patients come from shape their mental health and affect the types of mental health services they use. Likewise, the cultures of the clinician and the service system affect the diagnosis, treatment, and the organization and financing of services.”

-- U.S. Surgeon General Report on Mental Health

# Research over represents people from WEIRD societies

**W**

Western

**E**

Educated

**I**

Industrialized

**R**

Rich

**D**

Democratic

# Questions to consider to improve quality of care

What populations were included in the research samples used to develop the assessment methods and treatment protocols you use?

What is the potential for cultural bias in the tools, treatments, or interventions you use?

How do the assessment methods, treatments, or interventions used in your practice address clients' cultural beliefs and practices?

# **Training in narrow but dominant ideas of mental illness**

Training that emphasizes a limited model of delivering care could result in practices that are harmful to clients from diverse backgrounds.

# How would you engage this family in treatment?

Let's say you are a psychiatrist working with Martin, a 7-year-old boy with attention deficit hyperactivity disorder (ADHD) who was struggling in school because of his ADHD symptoms. He was brought in for treatment by both of his parents. His father was white and his mother was Middle Eastern.

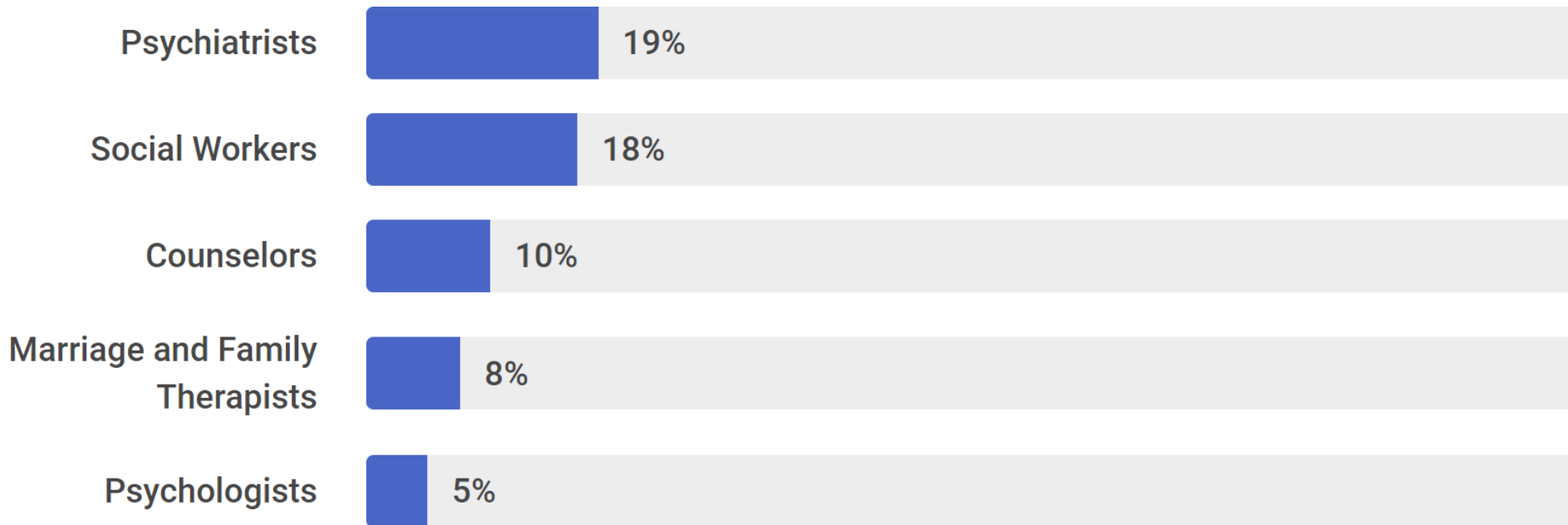
After the initial assessment, you realized that ADHD runs in the family. Martin's father has ADHD and was comfortable with the medical model. He preferred that Martin receive medication.

Martin's mother was very hesitant. She frequently asked about the "underlying" cause of his symptoms and preferred a "natural homeopathic" approach due to her belief that some conditions are caused by evil spirits. She was extremely anxious and viewed medication as a "bandage" for her child's condition.



# Workforce demographics

Percentage of racial and ethnic minorities per profession



# 4

## Cultural competency and quality of care

Quality of care: The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

-- National Academies of Sciences, Engineering, and Medicine



# Components of quality of care

Safe

Effective

Patient-centered

Timely

Efficient

Equitable

How does each component relate to cultural and linguistic competency?



# Breakout Sessions

**Group 1:** How does cultural competency help you make your services safe, effective, patient-centered, timely, efficient, and equitable?

**Group 2:** What happens to each component when there is a lack of cultural competency?

**Group 3:** In your work, how have you seen cultural competency or lack thereof affect these components?

# Health disparities

Bilingual patients are evaluated differently when evaluated in English versus Spanish, and Hispanics are more frequently undertreated than are whites.

Almost half of Asian Americans have trouble accessing mental health treatment because they do not speak English or cannot find services that meet their language needs.

African American clients who felt that their therapists were committing racial microaggressions had lower satisfaction with their therapists and experienced a weaker therapeutic bond.

More than half of LGBTQ people surveyed have faced cases of providers denying care, using harsh language, or blaming the patient's sexual orientation or gender identity for an illness.

# Operationalizing cultural competency

## National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

15 ACTION STEPS that guide health and health care professionals in providing...



services that are RESPECTFUL, UNDERSTANDABLE, EFFECTIVE & EQUITABLE.



# Case study – Mr. Cho (Part 3)



Horace Cho was referred to a psychologist for insomnia, fatigue, loss of appetite, gastrointestinal distress, and depressed mood.

He began a 16-week course of CBT for depression. At first, the psychologist focused on depressed mood, and Mr. Cho began to miss sessions. The psychologist then took Mr. Cho's unique needs into account by reframing treatment to emphasize holism of mind and body.



# Course 1 Summary

1

Culture, cultural identity, and intersectionality

2

Cultural competency and cultural humility

3

Cultural competency and the workforce

4

Cultural competency and quality of care

**How will you put this information into practice?**



# Resources

## Module 1

- Find out more about how culture is related to mental health – Watch an 18-minute TEDx talk by Dr. Jessica Dere, [Challenges and Rewards of a Culturally-Informed Approach to Mental Health](#)
- Understand your cultural identity – Create a [cultural genogram](#) to better understand your cultural background, how your culture influences your perceptions of others, and how others may perceive you
- Learn more about intersectionality – Read Kimberlé Crenshaw’s article, [Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color,](#) and check out the comic strip, [Intersectionality: A Fun Guide.](#)
- Learn more about military culture – Review the Uniformed Services University’s modules, [Military Culture: Core Competencies for Healthcare Professionals](#)

## Module 2:

- Read more about how to practice cultural competency - Review SAMHSA’s article on [skills for cultural competency](#)
- Understand more about the connection between cultural competency and health care - Watch a 3-minute video, [Culturally Competent Healthcare](#)
- Learn more about cultural humility - Watch an 18-minute TEDx talk by Dr. Juliana Mosley, [Cultural Humility](#)



# Resources

## Module 3

- Understand more about culturally competent organizations – Review SAMHSA’s publication, [Improving Cultural Competence: Quick Guide for Administrators](#)
- Read about cultural bias in research – Read an article on what makes the participants in many behavioral sciences studies WEIRD, [The Weirdest People in the World?](#)
- Learn more about clients' experiences with cross-racial therapy – Read an article by Dr. Doris F. Chang and Alexandra Berk, [Making cross-racial therapy work: A phenomenological study of clients' experiences of cross-racial therapy](#)
- Learn more about discrimination and civil rights laws – Review a resource from the HHS Office for Civil Rights, the National Consortium for Multicultural Education for Health Professionals, and Stanford University School of Medicine for understanding what aspects of cultural competency may be legally required, [Stopping discrimination before it starts: The impact of civil rights laws on healthcare disparities](#)

## Module 4

- Read about quality improvement in behavioral health services – Review a report from the National Academies of Sciences, Engineering, and Medicine, [Improving the Quality of Health Care for Mental and Substance-Use Conditions](#)
- Learn how to implement the *National CLAS Standards* – Review OMH's implementation guidance, [The Blueprint](#)
- Assess your organization's implementation of the *National CLAS Standards* - [View OMH's implementation checklist](#)
- Review population-specific data on behavioral health – Visit SAMHSA's [Behavioral Health Equity Resources](#)
- Review resources to help you comply with the law – Check out these [resources from the HHS Office for Civil Rights about complying with civil rights laws](#)
- Learn about National Origin Discrimination – Check out [these resources, guidance, and documents](#) from the HHS Office for Civil Rights
- Learn about Section 1557 of the Affordable Care Act – [Review the nondiscrimination provision of the ACA](#), which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities

# Earn your credits

1. Log into the participant's website at <https://www.thinkculturalhealth.hhs.gov/Behavioral-Health/SmallGroup/>
2. Complete the post-Course activities:
  - Confidence scale
  - Test
  - Survey

You will receive your certificate (or statement of participation) by email

# Questions?

# Evaluation Survey

# Next Session: November 18<sup>th</sup> 12pmET-1:30pmET

---



National Center for Health in Public Housing • 2111 Eisenhower Ave, Alexandria, VA 22304 • 703.812.8822 • [nchph.org](http://nchph.org)

# Contact us

Robert Burns  
Director of Health  
Bobburns@namgt.com

Dr. Jose Leon  
Chief Medical Officer  
jose.leon@namgt.com

**Saqi Maleque Cho, DrPH, MSPH**  
**Director of Policy, Research, and**  
**Health Promotion**  
**Saqi.cho@namgt.com**

**Fide Pineda Sandoval, CHES**  
**Health Research Assistant**  
**Fide@namgt.com**

Chantel Moore, MS  
Communications Specialist  
Cmoore@namgt.com

Please contact our team for Training and  
Technical Support  
703-812-8822

