Cultural Competency in Family Planning Care

This course can help service sites fulfill the Title X program requirement for training on culturally competent care to better meet the needs of diverse populations in the Title X network.

SECTION 1: INTRODUCTION TO CULTURAL COMPETENCY IN FAMILY PLANNING CARE

Navigation tutorial

Welcome

Thanks for joining us

Title X Regulations

Activity: Cultural competency agency self-assessment

Impact on health care and family planning

The role of personal interactions in health disparities

Quiz

SECTION 2: EMBRACING CULTURE

Welcome to the next section

Culture

Terminology

Cultural variation

Activity: What is "Cultural"?

Aspects of identity

Activity: Social identity self-assessment

Cultural in. uence

Culturally competent care

Scenario: Jackie

Strategy 1: Universal precautions approach

Activity: Practicing universal precautions

Scenario: Laura

Strategy 2: Expose yourself to diversity

Activity: Trusted network

Scenario: Alex

Strategy 3: Know and use CLAS Standards

Activity: CLAS Standards self-assessment

Key points

Quiz

SECTION 3: REDUCING THE IMPACT OF UNCONSCIOUS BIAS

Welcome to the . nal section

Our brains

Activity: Implicit association test

What is bias?

Reducing the impact of unconscious bias

Activity: Conscious vs. unconscious thinking

Scenario: Jade

Strategy 1: Use counter-stereotype imaging

Activity: Counter-stereotype imaging agency self-assessment

Scenario: Jamie

Strategy 2: Use evidence-based recommendations

Activity: Practice using evidence-based recommendations

Scenario: Abu

Strategy 3: Practice perspective-taking

Activity: Practicing perspective taking

Scenario: Aliya

Strategy 4: Find common ground

Activity: Practice finding common ground

Scenario: Sarah

Strategy 5: Practice self-care

Activity: Practicing self-care

We all make mistakes

Stereotype suppression

Thanks for joining us!

Activity: Turning learning into action

Quiz

Conclusion

References

Welcome

Welcome to the *Cultural Competency in Family Planning Care eLearning* course.

This eLearning course includes:

1 Section 1: Introduction to Cultural Competency in Family Planning Care

2 Section 2: Embracing Culture

3 Section 3: Reducing the Impact of Unconscious Bias

Throughout the course, you will be asked to read new information, watch videos, reflect, and conduct interactive activities. The course provides practical, evidence-informed strategies for implementing culturally competent family planning services.

By the end of this training, participants will be able to:

- [ ] Describe the Title X program requirement for cultural competency
- [ ] Describe the potential impact of providing culturally competent care on delivery of services and client health outcomes
- [ ] Describe the findings of an agency self-assessment for providing culturally competent care

Thanks for joining us

Click the Play button below to start the video.

Cultural Competency Section 1 Introduction

PLAY

Title X Regulations

The Title X Federal Regulations state that, "Services must be provided in a manner which protects the dignity of the individual."

Title X **service sites** should:

- Be geographically accessible for the population being served
- Consider clients' access to transportation, clinic locations, hours of operation, and other factors that influence clients' ability to access services
- Assure that language translation services are readily provided when needed
- Provide care to all clients seeking services without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status

The Federal Regulations also specify that Title X **project staff** should be:

- Broadly representative of all significant elements of the population to be served by the project
- Sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population
- Trained in culturally competent care to meet the needs of key populations

Activity: Cultural competency agency self-assessment

Instructions:

Take a moment to assess your agency or service site using the worksheet on the following page.

- For each item, mark where you think your agency (pg. 1) or staff at your agency (pg. 2) falls along a spectrum from Never to Sometimes to Always.
- Based on your results, identify your top there strengths and your top three opportunities for improvement.
- Save this document so you can come back to it.

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CULTURAL COMPETENCY FAMILY PLANNING AGENCY SELF-ASSESSMENT

Title X Requirements state that services should be provided, "In a manner which respects the dignity of the individual." Some of the components of such care are listed below. Click on the location along the spectrum where you think, in your experience, your agency falls along a spectrum from Never (Almost Never) to Always (Almost Always).

My agency:

	NEVER	SOMETIMES	ALWAYS
Provides respectful care that meets the needs of diverse client population.			
Provides services equally, without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status.			
Provides services that are responsive to diverse cultural health beliefs and practices.			
Provides services that meet the preferred languages, health literacy, and other communication needs of clients.			
Has written policies and procedures to support Culturally and Linguistically Appropriate Services (CLAS) Standards.			
Works to recruit, retain, and promote staff that reflects the cultural diversity of the community.			
Has project staff that are broadly representative of all significant elements of the population to be served by the project.			
Has project staff that are sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population.			
Regularly trains project staff at all levels in culturally- and linguistically-appropriate service delivery to meet the needs of key populations.			
Is geographically accessible for the population being served.			
Considers clients' access to transportation, clinic locations, hours of operation, and other factors that influence clients' ability to access services.			
Ensures that facilities are readily accessible to people with disabilities.			

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CULTURALLY COMPETENT FAMILY PLANNING AGENCY SELF-ASSESSMENT (CONT.)

Staff at my agency:

	OFTEN	SOMETIMES	NEVER
Make unfair (stereotypical) assumptions about clients from different cultural backgrounds than their own.	○		
Express frustration with clients with limited English proficiency.	○		
Provide services without adequate language interpretation support to effectively communicate.	○		
Are dismissive towards a client's cultural beliefs or use of traditional medicine.	○	●	
Talk down to a client with a mental or physical disability.	○		
Act less friendly towards a client who is different from them (e.g., different culture, ethnic or racial background, disability status, etc.).	○		
Act more friendly toward clients who are similar to them than to other clients (e.g. cultural, ethnic, racial, or sexual minority).	○		
Make comments that communicate hostile, derogatory, or negative prejudicial slights and insults toward members of marginalized groups.	○		
Make comments or otherwise communicate a lack of understanding of other cultures.	○		
Act uncomfortable or unsure when taking a sexual history of a client who is gay, lesbian, or bisexual.	○		
Act uncomfortable or unsure when taking care of a client who is gender non-conforming.	○		
Make assumptions based on cultural categories (race, socio-economic status, age, sexual orientation) that impacts care.	○		

Based on the results, what are your **top 3 strengths?**	Based on the results, what are your **top 3 opportunities for improvement?**
1.	1.
2.	2.
3.	3.

CITATIONS:

Rew L, Becker H, Cookston J, Khosropour S, Martinez S. Measuring cultural awareness in nursing students. *The Journal of Nursing Education*, June 2003, Vol. 42(6), pp.249-57

Department of Health and Human Services. Office of Minority Health. *Think Cultural Health. National culturally and linguistically appropriate services standards.* Retrieved 9-17-19 from https://thinkculturalhealth.hhs.gov/clas/standards

U.S. Dept. of Health and Human Services, Public Health Service, Office of Population Affairs (April 2014). *Program requirements for Title X-funded family planning projects version 1.0.* https://www.hhs.gov/opa/guidelines/program-guidelines/program-requirements/index.html

Impact on health care and family planning

Click the Play button below to start the video.

Cultural Competency Animation – Impact on Family Planning

PLAY

The role of personal interactions in health disparities

Health disparities are inflenced by the larger context in which we live.

Our clients have their own life experiences, upbringing, and family histories. They come from unique social, cultural, physical, and economic environments.

Our interactions with clients are influenced by factors that are:

- **Personal** (attitudes, beliefs, and opinions)
- **Interpersonal** (behaviors, treatments, and relationships)
- **Institutional** (policies, practices, and systems)
- **Cultural** (values, norms, and expression)

While how we interact with our clients is **not sufficient** to eliminate health disparities, **it is necessary**, and an important component of a complex problem.

This course focuses on personal and interpersonal factors—and what you and your clinic can do to provide culturally competent care, to all clients.

*This is the end of the **Introduction to Cultural Competency in Family Planning Care**. After a short assessment of knowledge, please move on to Section 2: **Embracing Culture** at your own pace.*

Quiz

Now let's review what we've covered during this section. For each question select the response option you think is correct.

Question

01/05

The Title X Federal Regulations state that, “Services must be provided:

A. “In a manner which protects the dignity of the individual”

B. “In the same way for everyone”

C. “Free of charge”

D. “In the first language of every individual”

The answer is A. “Services must be provided in a manner which protects the dignity of the individual.”

Question

02/05

Title X family planning service sites should:

A. Consider clients' access to transportation, clinic locations, hours of operation, and other factors that in. uence clients' ability to access services

B. Assure that language translation services are readily provided when needed

C. Provide care to all clients seeking services without regard to the religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status

D. All of the above

The answer is D. Title X family planning service sites should do all of the above.

Question

03/05

Health care disparities are:

A. Differences in health status linked with social, economic, and/or environmental disadvantage

B. Differences in preference for certain types of services over others

C. Differences in the receipt of, experiences with, and quality of health care due to social, economic, and/or environmental disadvantages

D. Different ways to provide services based on cultural characteristics

The answer is C. "Differences in the receipt of, experiences with, and quality of health care due to social, economic, and/or environmental disadvantages."

Question

04/05

The Institute of Medicine's (IOM's) landmark study, Unequal Treatment, brought national attention to:

A. The racist intent of health care providers in the U.S.

B. Racial and ethnic health disparities in the U.S. health care system

C. Treatment approaches for different populations when they present for health care

D. Ways in which the pharmaceutical companies have left minority populations out of drug trials

The answer is B. "Racial and ethnic health disparities in the U.S. health care system."

Question

05/05

How we interact with our client is influenced by factors that are:

A. Personal

B. Interpersonal

C. Institutional

D. Cultural

E. All of the above

The answer is E. “All of the above.” How we interact with our client is influenced by factors that are personal, interpersonal, institutional, and cultural.

Welcome to the next section

Welcome to the next section *Embracing Culture.*

By the end of this section, participants will be able to:

- [ ] Define culture and the impact of culture on family planning services
- [ ] Describe the National CLAS Standards
- [ ] Implement evidence-based strategies to provide culturally responsive/appropriate care to diverse clients

Culture

Click the Play button below to start the video.

Cultural Competency Section 2
Embracing Culture

PLAY

Terminology

A brief note about the history of cultural competency training and terminology:

Training in “cultural competence” has evolved over time. Past approaches included attempts to provide information about different cultural groups, highlighting their shared customs,

practices, and traditions. Those approaches, however, treated some cultural groups as different—and the dominant culture as normal, or neutral. Also, not all members of any group are the same. Imagine what a description of "Americans" would look like, and how much variation there is within!

Working across cultures and with diverse populations is not something you achieve. In reality, we are all continuously learning, and we will be our entire lives.

"Culturally responsive care" and "cultural humility" emphasize our individuality and the continuous nature of the learning inherent to working with diverse populations.

Whatever term you use, the intent of culturally responsive care, cultural humility, or cultural competency is to provide care that is sensitive to—and able to deal effectively with—the cultural and other characteristics of the client population.

Cultural variation

Click the Play button below to start the video.

Cultural Competency Animation - Embracing Culture

PLAY

Activity: What is “Cultural”?

Instructions:

Take a moment to complete the activity on the following page.

CULTURAL COMPETENCY IN FAMILY PLANNING CARE: **WORKSHEET**

UNIVERSAL, CULTURAL, OR PERSONAL?

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This exercise contains a list of behaviors. Put an check mark in the appropriate column, depending on if you think the behavior is universal, cultural, or personal.

	Universal	Cultural	Personal
Running from a dangerous animal	☐	☐	☐
Considering snakes to be "evil"	☐	☐	☐
Preferring playing soccer to reading a book	☐	☐	☐
Showing respect by bowing to or kneeling to older people	☐	☐	☐
Eating dessert after dinner	☐	☐	☐
Eating food on a regular basis	☐	☐	☐
Making eye contact to show respect	☐	☐	☐
Greeting someone by kissing them on the cheek	☐	☐	☐
Calling a server in a restaurant with a hissing sound	☐	☐	☐
Feeling sad at the death of a close relative	☐	☐	☐
Eating rice by hand	☐	☐	☐
Eating with a knife and fork	☐	☐	☐
Encouraging girls to finish school before getting pregnant	☐	☐	☐
Greet friends by kissing both cheeks	☐	☐	☐
Bowing or kneeling as a greeting	☐	☐	☐
Taking a shower at night	☐	☐	☐
Putting a napkin on the lap when you sit down to eat	☐	☐	☐
Loudly slurping noodles	☐	☐	☐
Wearing black clothes after the death of a close relative	☐	☐	☐
Wearing black clothes to a party	☐	☐	☐
Giving gifts/ money only with right hand	☐	☐	☐
Writing with right hand	☐	☐	☐
Asking a seller if you can pay $0.50 instead of $0.75 for a tomato	☐	☐	☐
Drinking hot water, because it is better for your health	☐	☐	☐
Not wanting to use oral contraceptives because of hormones	☐	☐	☐

Adapted from Storti, C., & Bennhold-Samaan, L. (1997). *Culture matters: the Peace Corps cross-cultural workbook*. Retrieved 11-4-19 from https://files.peacecorps.gov/multimedia/pdf/library/T0087_culturematters.pdf

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Aspects of identity

We are influenced by many factors.

The term **intersectionality** is the idea that we have multiple components of our identity that make us who we are.

There is not one thing that defines an individual. Race, religion, ethnicity, having a disability, or being LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning) are not mutually exclusive. One cultural characteristic or identity is not necessarily dominant over another; all of them combine together in unique ways to make us who we are.

Activity: Social identity self-assessment

Instructions:

Follow the prompts, but *feel free to skip any items you prefer not to answer.*

Let's take a moment to explore what makes up your identity – and makes you unique.

I am…

Age:

Race and Ethnicity:

Gender Identity/Expression:

Sexual Orientation:

Ability/Disability:

Marital Status:

National Origin:

Religion:

Political Orientation:

Now think about which of these is most important to you. Why?

Cultural influence

We are all shaped by our culture.

Exploring our own cultural background and identifying the different social groups to which we belong can remind us that:

- Many of our beliefs, attitudes, and values are influenced by our cultural backgrounds.
- Just as our cultural beliefs are true and valid and important to each of us, others' cultural beliefs are true and valid and important to them.
- The beliefs of one culture are not inherently any more valid, important, or true than the beliefs of another culture.

Culturally competent care

Let's explore more about what it means to provide culturally competent care.

Cultural competency can be defined as "the capacity for individuals and organizations to work and communicate effectively in cross-cultural situations."

Culturally competent care strives to:

1. Be aware of others' cultural values
2. Recognize that cultural beliefs impact client's health beliefs, help-seeking activities, and interactions with health care professionals, practices, and outcomes
3. Recognize that people have diverse ways of communicating, behaving, interpreting, and problem-solving
4. Be able and willing to adapt the way one works to fit clients' cultural or ethnic backgrounds in order to provide optimal care

Culture shapes our language, behaviors, values, and institutions. In health care settings, culture and language differences may result in misunderstanding, lack of adherence, or other factors that can negatively influence clinical situations.

For these reasons, delivering care in a culturally and linguistically appropriate manner is a key way that you can help improve the quality of care for diverse clients. In the next section we're going to review some evidence-based strategies for doing just that.

Scenario: Jackie

Click the Play button below to start the video. Then fill in the boxes below to reflect on Jackie's experience.

Cultural Competency Section 2
Scenario Jackie

PLAY

How did this interaction make Jackie feel?

What kind of long-term impact might this have on Jackie seeking health care services in her future?

Strategy 1: Universal precautions approach

This provider made assumptions about Jackie that left her feeling judged and vulnerable. Experiences like this can have long-lasting effects, including lower adherence to treatment recommendations and delaying necessary care later in life. How could this provider have approached Jackie without any preconceived notions and left all possibilities open?

Take a universal precautions-like approach.

Just as we take a universal precautions approach to infection control, we can take a universal precautions-like approach to providing culturally competent care. By applying strategies for providing culturally competent care to *all* clients—whether we see or are aware of any cross-cultural differences—we can provide care that respects the dignity of the person we are caring for. We don't know what experiences they bring, what their background is, or what their needs are—and we can't tell by looking at them.

In order to take a universal precautions approach to providing culturally competent care:

- Create a culture of inclusion. Provide signs, symbols, literature, and forms that indicate you are a welcoming place.
- Avoid assumptions. Don't assume a client's gender identity, sexual orientation, or other characteristics based on appearance.
- Keep in mind that culture can influence how clients understand health concepts and make decisions related to their health.
- Use open-ended questions to respectfully ask about clients' preferences, practices, and way of life to engage clients and provide care that is consistent with their values.

Activity: Practicing universal precautions

Follow the prompts in the scenario below to practice.

Universal Precautions

When people have bad experiences with health care, they may hide important information about themselves—or worse, they may not return for needed health care.

How can Dr. James take a sexual history in an inclusive and affirming manner? Choose one of the following:

1. Do you have a boyfriend? Do you think there is any chance he fools around on you? Do you fool around on the side?

2. Are you married? Are you and your spouse exclusive? How many partners did you have before you were married?

3. Have you been sexually active in the past year? What are the genders of your sex partners? How many people have you had sex with in the past year?

Answer: "Have you been sexually active in the past year? Do you have sex with men, women, or both? How many people have you had sex with in the past year?" is correct.

Scenario: Laura

Click the Play button below to start the video. Then fill in the boxes below to reflect on Laura's experience.

Cultural Competency Section 2
Scenario Laura

PLAY

How did this interaction make Laura feel?

Have you ever been in a situation like this and felt misunderstood?

Strategy 2: Expose yourself to diversity

Laura felt hurt. Her colleague's comments reflected a lack of exposure, understanding, and sensitivity to Laura's circumstances. What can we do to expand our worldview and reduce the chance of making these kind of hurtful assumptions?

Expose yourself to diversity.

Although we live in a multicultural society, most Americans live and socialize with people who mostly look like—and often think like—them. It's important to interact with diverse population groups and examine and continually enhance our awareness, knowledge, and skills related to cultural and linguistic differences. Doing so helps us ensure the delivery of effective, equitable, understandable, and respectful quality care for all clients.

In order to expose yourself to diversity:

- Learn about the different cultures your clients come from. Be open-minded, curious, and ask open-ended questions.

- Intentionally expand your understanding of different points of view. Read books by diverse authors, follow diverse thought leaders on social media, visit cultural events, and attend religious ceremonies.

- Expand your network of friends and acquaintances. Get to know your neighbors, colleagues, and community members better.

Activity: Trusted network

Instructions:

Take a personal social network inventory and assess its diversity using the worksheet on the next page. Then, read the questions that follow to reflect.

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EXPOSE OURSELVES TO DIVERSITY: TRUSTED NETWORK ACTIVITY

1. Fill in one word answers for your own personal identity characteristics under "me."
2. Write in the initials or first name of 7 people outside your family, that you trust the most in the world.
3. Put a tick mark in the appropriate boxes in the rows beneath them for the personal characteristics that are the same as you.

Is there a pattern? How similar is your trusted network? In what ways are they similar or different? Does any of that surprise you? In what ways do the similarities and differences influence your trusted network? What aspects or your identity influence your health promoting and health care experiences?

	Me	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7
Age								
Race/Ethnicity								
Gender Identity/Expression								
Sexual Orientation								
Physical, Emotional, Developmental (Dis)Ability								
Marital Status								
National Origin								
Religion								
Political Orientation								

Make a commitment to one thing you can do to increase exposure to diversity.

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Is there a pattern? How similar is your trusted network to you? In what ways is it different? In what ways do the similarities and differences influence you?

What is one thing you can do to increase your exposure to diversity?

Scenario: Alex

Click the Play button below to start the video. Then fill in the boxes below to reflect on Alex's experience.

Cultural Competency Section 2
Scenario Alex

PLAY

How did this interaction make Alex feel?

How could this experience have been better?

Strategy 3: Know and use CLAS Standards

This wasn't a good experience for Alex—or his mother. Communication is essential to providing quality and culturally competent care. So, what can we do when there are language barriers and our clients can't tell us about their health care needs or understand our recommendations?

Implement the National CLAS Standards.

The National CLAS Standards, developed by the Office of Minority Health, provide guidance on cultural and linguistic competency, with the ultimate goal of reducing racial and ethnic health care disparities. The standards establish a blueprint for health care organizations. Organizations that receive federal funds, such as family planning agencies, are required to:

1. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

2. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

3. Inform all individuals (verbally and in writing) of the availability of language assistance services clearly and in their preferred language.

4. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

The standards are guidelines for how to advance health equity, improve quality, and help eliminate health care disparities.

Activity: CLAS Standards self-assessment

Instructions:

Take a moment to assess your agency's implementation of CLAS standards using the worksheet on the following page.

- For each item, consider your agency. Click on the line where you think, in your experience, your agency falls along a spectrum – from Never to Sometimes to Always.
- Identify opportunities for improvement.
- Save this document so you can come back to it.

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CLAS STANDARDS COMMUNICATIONS AND LANGUAGE ASSISTANCE ORGANIZATIONAL SELF-ASSESSMENT

My experience is that in this organization, the following occurs:

	NEVER	SOMETIMES	ALWAYS
Medical interpreter services are offered, at no cost, for all Limited English Proficiency (LEP) clients (including those clients who use Sign Language).			
All clients are informed of the availability of language assistance services clearly and in their preferred language, verbally and in writing.			
A notice is posted in the waiting/registration area about the right to language assistance services.			
The professionals providing language assistance have had their competency to provide medical interpretation assessed.			
Clinical staff have received training on how to effectively work with medical interpreters.			
Client education materials and forms are easy-to-read.			
Client education materials and forms are available in the main languages spoken by the community you serve.			
Clients with LEP are treated with respect, and reflect the idea that limitations in English proficiency are in no way a reflection of their level of intellectual functioning.			
Clients are not assumed to have specific language or literacy levels; staff acknowledge that clients may not be literate in their language of origin nor in English.			
Staff use alternatives to written communications for some individuals and families, as word of mouth may be a preferred method of receiving information.			
Printed or multi-media materials used with clients are of interest to and reflect the different cultures and languages of individuals and families served by the agency.			
Printed information given to clients is at a 6th grade reading level or lower.			

What are **three things** your agency can do to improve?

1.

2.

3.

Department of Health and Human Services. Office of Minority Health. *Think Cultural Health. National culturally and linguistically appropriate services standards.* https://thinkculturalhealth.hhs.gov/clas/standards. Accessed 11/5/19.

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Key points

This training has asked you to think about your behaviors, attitudes, beliefs, and communication styles in relation to your perceptions of culture. Our ability to understand ourselves is the starting point for integrating new knowledge about other cultures into our knowledge base and health interventions.

*This is the end of the **Embracing Culture** section. After a short assessment of knowledge, please move on to Section 3: **Reducing the Impact of Unconscious Bias** at your own pace.*

Quiz

Now let's review what we've covered during this section. For each question select the response option you think is correct.

Question

01/05

Which of the following is NOT true about culture (as discussed in this course):

A. Culture is a group's patterns of behavior, values, norms, and practices.

B. Culture is slow to change.

C. Culture is not limited to ethnic/racial/language groups.

D. Culture is inclusive of other cultural groupings such as religion, sexual orientation, gender, age, disability, and socioeconomic status.

The answer is B. “Culture is slow to change.” This is because culture is constantly changing.

Question

02/05

Culture intersects with health disparities in that:

A. It may result in misunderstanding, lack of adherence, or other factors that can negatively influence clinical situations.

B. Coming from different cultures, means the staff and clients cannot understand each other.

C. Some cultures are incompatible with the Western health care system, which can negatively influence clinical situations.

D. It can result in clients' perception of health promotion causes and health protective factors that different from the dominant culture.

The answer is A. "It may result in misunderstanding, lack of adherence, or other factors that can negatively influence clinical situations."

Question

03/05

"Taking a **universal precautions approach** to providing culturally competent family planning services" means which of the following:

A. Everyone is the same so treat them the same.

B. Wash your hands before an encounter with any client.

C. Try not to make any assumptions about any client.

D. It shouldn't matter what culture they come from—you universally provide care the same way.

The answer is C. "Try not to make any assumptions about any client."

Question

04/05

One strategy to reduce the impact of our tendency to show bias for people most like ourselves is to expose ourselves to diversity. All of the following are related recommendations, **except** which of the following:

A. Have a basic understanding of the cultures your clients come from.

B. Understand that each person is an individual and may or may not adhere to certain cultural beliefs or practices common in his or her culture.

C. Develop adaptations in service delivery that re. ect an understanding of cultural diversity.

D. Avoid asking clients personal questions about their beliefs and way of life.

The answer is D. "Avoid asking clients personal questions about their beliefs and way of life." This is because all of the other options are recommendations since asking clients questions about their beliefs and way of life is the best way to be sure you know how their values may impact their care.

Question

05/05

The CLAS Standards, with the goal of reducing racial and ethnic health care disparities, includes the following requirements for the receipt of federal funds, **except**:

A. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

B. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

C. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

D. Communicate the organization's progress in implementing and sustaining CLAS Standards to all stakeholders, constituents, and the general public.

The answer is D. "Communicate the organization's progress in implementing and sustaining CLAS Standards to all stakeholders, constituents, and the general public. This is because option D is a CLAS Standard, but not a requirement for receipt of Federal funds. The other options are CLAS Standard requirements for receipt of Federal funds.

Welcome to the final section

Welcome to the final section of the course

Reducing the Impact of Unconscious Bias.

By the end of this section, participants will be able to:

- [ ] Define conscious and unconscious bias
- [ ] Describe ways in which unconscious bias can undermine cultural competence and impact the family planning care provided to diverse client populations
- [ ] Implement evidence-based strategies that help to reduce the negative effects of bias in the provision of family planning services

Our brains

Click the Play button below to start the video.

Cultural Competency Section 3
Mitigating the Impact of Unconscious Bias

PLAY

Activity: Implicit association test

Instructions:

We recommend you take Project Implicit's race-based Implicit Association Test before you proceed with this section.

Click the Race-based Implicit Association Test button below. The test will open in a new window on an external website and will take about 15 minutes to complete. The assessments are free and confidential.

You do not have to share the results with us, but the assessment will inform the rest of this training.

Race-based Implicit Association Test

What is bias?

We have at least two different cognitive, or thinking, systems.

The first system relates to the kind of thinking that we are aware of—our deliberate, logical, conscious, and explicit thoughts that make up our conscious attitudes. Sometimes this is called “slow thinking.”

The second is thinking that we are not aware of. It is instinctive, emotional, subconscious, automatic kind of thinking, also called “fast thinking.”

Reducing the impact of unconscious bias

Click the Play button below to start the video.

Cultural Competency Animation - Reducing the Impact of Unconscious Bias

PLAY

Activity: Conscious vs. unconscious thinking

Instructions:

Sort the following characteristics into Conscious (slow) or Unconscious (fast) thinking.

Which type of thinking…

Is learned through explicit instruction and deliberate thought?

Answer: Conscious thinking

Processes information slowly?

Answer: Conscious thinking

Is learned through repeated associations?

Answer: Unconscious thinking

Can apply lots of information very quickly?

Answer: Unconscious thinking

Is energy intensive?

Answer: Conscious thinking

Is adaptive, helpful, and essential to our survival?

Answer: Unconscious thinking

Provides a framework for incoming information, helps us make sense of it?

Answer: Conscious thinking

Takes very little effort?

Answer: Unconscious thinking

Scenario: Jade

Let's take a look at some scenarios and strategies for reducing bias and providing culturally competent care.

Click the Play button below to start the video. Then, answer the reflection questions below.

Cultural Competency Section 3
Scenario Jade

PLAY

How did this make Jade feel?

What could the provider have done differently?

Strategy 1: Use counter-stereotype imaging

Clients and staff bring their biases with them when they come to the clinic.
Jade is expressing a conscious bias about health care systems and explains where this comes from. The staff she interacts with have their own biases—whether conscious or unconscious.

What can be done to change negative stereotypes and build a safe environment for all?

Use counter-stereotype imaging.

We are exposed to stereotypes throughout our lives. To change the negative and stereotypical associations our brains have formed about certain populations, the brain must take in a large number of positive and counter-stereotypical images of those same populations. Evidence shows that after being inundated with proof that the stereotypes we were previously exposed to are inappropriate and invalid, it is possible for our brains to adapt and change.

In order to use counter-stereotype imaging:

- Fill the environment (e.g., waiting room, exam room) with images that counter common stereotypes. Include inspirational images of all races, genders, and body types.
- Commit to increasing your awareness of leaders and heroic figures from marginalized groups.
- Recognize when you think of, or observe, stereotypical portrayals in society. Imagine in detail a person who counters the stereotype.

Activity: Counter-stereotype imaging agency self-assessment

Instructions:

Take a moment to assess your environment and identify opportunities for improvement using the worksheet on the following page.

- For each item, consider your agency. Choose the line where you think, in your experience, your agency falls along a spectrum from Never to Sometimes to Always.
- Save this document so you can come back to it.

COUNTER-STEREOTYPE IMAGING AGENCY SELF-ASSESSMENT

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At this clinic or agency:

	NEVER	SOMETIMES	ALWAYS
Images on walls (posters, art, etc.) in waiting room/registration area counter negative stereotypes.			
Signs in waiting room/registration area are posted that welcome diverse cultural groups including LGBTQ people and people with disabilities in your service area/population.			
Magazines are available that reflect the diversity of the client population served.			
Children's books are available that reflect the diversity of the client population served.			
Children's books selected for display and use counter at least one common stereotype.			
Posters in exam rooms reflect the diversity of the client population served.			
Posters in exam rooms counter at least one common stereotype.			
Images on the agency website reflect the diversity of the client population served.			
Images on the agency website displays and uses images that counter at least one common stereotype.			
Images posted to agency social media reflect the diversity of the client population served.			
Images posted to agency social media displays and uses images that counter at least one common stereotype.			
Staff meetings are used as an opportunity to share stories and information about individuals that counter stereotypes.			
Newsletters are used as an opportunity to share stories and information about individuals that counter stereotypes.			
Waiting room chairs, exam tables, scales, and BP cuffs can accommodate a wide range of body sizes.			
A gender neutral bathroom is available and clearly labeled.			
The agency's diversity, inclusion, and nondiscrimination policy is prominently displayed.			
Other:			

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Scenario: Jamie

Click the Play button below to start the video. Then fill in the boxes below to reflect on Jamie's experience.

Cultural Competency Section 3
Scenario Jamie

PLAY

How did this interaction make Jamie feel?

What made Jamie feel "pressured"?

Strategy 2: Use evidence-based recommendations

Jamie felt like she was being judged and pressured into using a particular type of birth control method, based on her age.

How can family planning providers and counselors take an unbiased approach with diverse clients who may have preferences and needs different from their own?

Diligently utilize evidence-based recommendations

Studies have shown that clinical decision making is often influenced by providers' conscious or unconscious perceptions of clients' characteristics, such as race and gender, rather than on objective data alone.

Approaching all client encounters with a consistent, client-centered approach to care can reduce the chance that family planning services will be negatively impacted by bias.

To utilize evidence-based recommendations in family planning:

- Use Providing Quality Family Planning Services - Recommendations from CDC and the U.S. Office of Population Affairs and other evidence-based guidelines for clinical care.

- Use a client-centered approach to assess reproductive intention, such as "Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention (PATH)."

- Use a client-centered, shared decision making (non-directive) approach to contraceptive counseling and education. Start by asking clients about their preferences and priorities.

Activity: Practice using evidence-based recommendations

Follow the prompts in the scenario below to practice.

Diligently utilize evidence-based recommendations

William, a nurse practitioner, is assessing reproductive intention with a 19-year old client in a primary care setting. He asks, "Do you think you might like to have children at some point?"

Then, he asks: "When do you think that might be? How important is it to you to prevent pregnancy until then?" **What might his next question be?** Select one of the following:

1. Do you know what method you want? Teenagers usually already know what they want.
2. Do you have a sense of what is important to you in a method...?
3. Can I tell you about the IUD and implant? A lot of teens don't know much about those methods, but they can be really great.

Answer: "Do you have a sense of what is important to you in a method...?"
This is a good next question to allow the client to share what considerations are important to her, personally.

Scenario: Abu

Click the Play button below to start the video. Then fill in the boxes below to reflect on Abu's experience.

Cultural Competency Section 3
Scenario Abu

PLAY

How did this interaction make Abu feel?

How else could the staff have approached Abu being late?

Strategy 3: Practice perspective-taking

Abu came to the clinic to get medication, but ended up leaving without it, which could have serious consequences. The staff were focused on the fact that he was late.

What could have helped staff to focus on the reasons he was late, or didn't fill out the forms—and see things from the client's point of view?

Practice perspective-taking

Science has shown that when people act in ways that don't fit our cultural expectations or our social norms, we have an automatic negative reaction. As a result, we may label people or their actions in a critical way.

Instead of thinking negatively about the person, consider that what they are doing could be perfectly normal and polite in their family or culture. They may have a reason for doing it their way.

Because our fast-thinking system kicks in automatically, we have to intentionally slow down in order to engage our conscious thinking skills. Randomized trials show that taking the perspective of another person reduces bias and inhibits the activation of unconscious stereotypes and prejudices toward stigmatized groups.

In order to practice perspective-taking:

- Think about what it would be like to see things from someone else's perspective.
- Check the accuracy of your perceptions. For instance, ask: "I was imagining being in your shoes, and it occurred to me that I would feel this way. Am I close?"
- Practice perspective-taking in your everyday life—even outside of the clinic. Perspective-taking is a skill that takes practice.

Activity: Practicing perspective taking

Follow the prompts in the scenario below to practice.

Practice perspective-taking

Rather than jumping to the conclusion that Abu was late because he didn't care, what are other possible explanations? Try to see the situation from his perspective.

What might the clinic staff have said to him instead? Select one of the following.

1. We have a policy that if you are more than 10 minutes late, or don't get here early to fill out your paperwork, then you'll have to come back. Sorry.
2. Can you read? I can sit here and read it to you while you fill it out if you need me to.
3. It is important that you be seen, so why don't you come back with me and we'll see if we can help you?

Answer: "It is important that you be seen, so why don't you come back with me and we'll see if we can help you?"
Asking him to come into the back room to discuss his forms and offering him help in private is the best option.

Scenario: Aliya

Click the Play button below to start the video. Then fill in the boxes below to reflect on Aliya's experience.

Cultural Competency Section 3
Scenario Aliya

PLAY

How did this interaction make Aliya feel?

What assumptions did you make about Aliya's appearance?

Strategy 4: Find common ground

It may be routine in this clinic to screen for violence in the home. However, this interaction made Aliya feel judged by her choice of dress.

What is another way to approach a client that can decrease unconscious bias and the chance they will feel this way?

Find common ground

Our unconscious thinking system automatically divides people into an “ingroup” and an “outgroup.” However, there are things we can focus on to include people in the “ingroup” in our brains.

Including someone as part of our ingroup is a powerful strategy to prevent negative unconscious bias. We have many more commonalities than differences.

In order to find common ground:

- Start with small talk. Build rapport by finding out about your client as an individual—not just about their health care needs.
- Discover what you have in common. Try creating a mental list of similarities, which may increase the likelihood of seeing the person as an individual, rather than a stereotype.
- Document personal information about your client in the notes to refer to during future visits.
- Try to think of yourself and your client as a team, working toward a common goal. Use inclusive language—words like we, us, and ours instead of I, you, or them, when discussing treatment options.

Activity: Practice finding common ground

Follow the prompts in the scenario below to practice.

Find common ground

Aliya felt she was being stereotyped and that assumptions were being made about her.

Instead of asking, "Does your husband hurt you?" How could you have started the conversation in a way that would "find common ground" with Aliya? Select one of the following:

1. Hi Aliya. I'm glad you could come in today! Now, first tell me a little bit about yourself. How do you usually spend your days?

2. Hi Aliya. Are you Muslim? My cousin is married to a Muslim.

3. Hi Aliya. I am going to a basketball game after work today with my husband and my daughter. Do you like basketball?

Answer: "Hi Aliya. I'm glad you come come in today! Now, first tell me a little bit about yourself. How do you usually spend your days?"
This is an open-ended question that puts the client in control, helps you find common ground, and sees her as an individual, not a stereotype.

Scenario: Sarah

Click the Play button below to start the video. Then fill in the boxes below to reflect on Sarah's experience.

Cultural Competency Section 3
Scenario Sarah

PLAY

How did this make Sarah feel?

How would this make you (or a provider) feel?

Strategy 5: Practice self-care

Sarah was told that her life would be in danger if she gets pregnant, yet she wants her IUD out. As a family planning provider, this would be a concerning and potentially stressful scenario. It is important to respond to her in a way that conveys your concern, while maintaining her own reproductive autonomy.

In these difficult moments, how can we continue to provide high-quality, client-centered, culturally competent care?

Practice self care

Studies show that unconscious biases are more likely to affect what we do when we are busy, tired, anxious, or stressed. We are even more likely to automatically (and unconsciously) apply negative stereotypes when our morale is low.

Positive emotional states, however, have been shown to broaden our ability to see other people as individuals. So, it is important to take care of ourselves.

There are many things we can do to engage in self-care. For instance:

- Practice mindfulness, stress reduction, and emotion-shifting strategies.
- Engage in strategies—such as deep abdominal breathing and progressive relaxation—that can be done any time and take very little effort.
- Eat well, get enough sleep, and exercise regularly.

Activity: Practice self-care

Instructions:

Identify at least one self-care practice (from this list on the following page, or your own) that you can commit to trying.

PRACTICE SELF-CARE

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Try one of these and reflect on how you feel afterwards.

FOR EXAMPLE, YOU CAN:

---

1. Count to 10

Close your eyes, breathe in and out, and slowly count to ten. If you get distracted and think of other things, gently redirect yourself, and start again at 1 until you count to 10 with a fully present mind.

2. Breathe

Close your eyes, place your index finger gently in the space between your eyebrows. Slowly breathe in for a count of three. Hold for three, breath out for three. Do this three times.

3. Stretch / move

Simple stretching exercises can help you get through your day feeling more energized and alert. During your next break, take some time to perform simple stretches to loosen up the tight muscles around your neck, back and shoulders.

4. Say a prayer

If you are a religious person, stopping to say a short prayer or devotional can be a good way to come back to the moment and help alleviate stress.

5. Practice guided imagery

For this technique, you conjure up soothing scenes, places, or experiences in your mind to help you relax and focus. You can find free apps and online recordings of calming scenes, or imagine them yourself. Make sure to choose imagery you find soothing and that has personal significance.

Note: *Rather than choosing just one technique, experts recommend trying several and see which one works best for you.*

What is one technique you plan to try to "Practice Self-Care"?

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We all make mistakes

Click the Play button below to start the video. Then fill in the boxes on the following page.

Cultural Competency Section 3
We All Make Mistakes

PLAY

Write about an experience when you had an encounter with someone from a different cultural group that resulted in conflict.

What assumptions did you make? Were these assumptions warranted?

If it happened again today, how could you handle it differently?

Stereotype suppression

A note of caution:

Stereotype suppression is trying to push away any stereotypical thoughts that arise with a client. This can lead to a number of negative consequences, such as stress and anxiety, that adversely affect our ability to solve problems and make good decisions. It harms staff-client interactions, and impacts the overall quality of care for the client.

It is better to recognize biases and use strategies to counteract, rather than suppress them.

Thanks for joining us!

There is overwhelming scientific evidence that people are influenced by their unconscious thinking system. Thankfully, there are many things we can do to prevent unconscious biases from influencing us in ways that are not consistent with our true values and motives.

Click the Play button below to start the video.

Cultural Competency Section 3
Thanks for Joining Us

PLAY

Activity: Turning learning into action

Instructions:

- In the activity on the following page, first identify your goal or goals.
- For each of the strategies listed, think about the opportunities for improvement, changes you plan to make, and steps you need to take to make those changes.
- Save this document so you can come back to it.

CULTURAL COMPETENCY IN FAMILY PLANNING CARE: **WORKSHEET**

PREVENTING UNCONSCIOUS BIAS: TURNING LEARNING INTO ACTION

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One of the most effective ways to integrate and sustain new behaviors or practices is to create a detailed action plan. How do you plan to turn this learning experience into action?

My goal is to (select all that apply):

- prevent unconscious bias from affecting the care I provide my clients
- ☐ provide more culturally competent care to my patients
- ☐ work more effectively with my colleagues
- ☐ feel more comfortable when interacting with people from a different culture than my own
- ☐ treat everyone in a way that is consistent with my personal values

The bias prevention strategies I plan to incorporate and use in my daily work (select all that apply):

STRATEGIES I PLAN TO USE	THIS COULD HELP ADDRESS:	CHANGES I PLAN TO MAKE TO THE WAY I WORK:	STEPS I NEED TO TAKE TO MAKE THOSE CHANGES:
Take a universal precautions approach			
Implement CLAS standards			
Counter-stereotype imaging			
Use evidence-based recommendations			
Practice perspective-taking			
Find common ground			
Practice self-care			
Other			

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Quiz

Now let's review what we've covered during this section. For each question select the response option you think is correct.

Question

01/05

Which of the following is an example of unconscious bias?

A. Mountain Springs Family Planning will only hire female staff to be clinic assistants and front desk staff.

B. Sandy tells Sam, a transgender female, to come back for services on Thursday afternoon during their "men's" clinic.

C. Judy discusses breast cancer screening at an earlier age with black and Ashkenazi Jewish women than with other populations.

D. Joan usually asks her Medicaid clients to come back every month for their pills. She worries that they will lose them, but she often gives her clients with private insurance 12 packs at a time.

The answer is D. "Joan usually asks her Medicaid clients to come back every month for their pills. She worries that they will lose them, but she often gives her clients with private insurance 12 packs at a time." This is an example of unconscious bias, as it is one that Joan is not conscious of.

Both A and B are examples of *explicit* bias. It is bias, but it is conscious and openly expressed. Option C is not bias, but using differential screening protocols based on evidence-based recommendations.

Question

02/05

Unconscious bias can undermine cultural competence and impact the family planning care provided to diverse client populations because:

A. Our brains use “fast thinking” systems to make quick judgements such as: “Which questions should I ask next?”

B. Family planning providers frequently want to limit the services provided.

C. Our slow thinking systems take over and we overthink things.

D. We all have unconscious bias and there is nothing we can do about it.

The answer is A. “Our brains use “fast thinking” systems to make quick judgements such as: “Which questions should I ask next?” This can lead to unintentional impact on the quality of care. We can use the suggested strategies to reduce that impact.

Question

03/05

Diligently using evidence-based recommendations for a client-centered approach to care is recommended because:

A. Evidence-based recommendations means treating all clients the same.

B. Using a specific set of evidence-based recommendations is mandated by Title X.

C. Using a client-centered approach to care lets the client decide what they want and the provider doesn't give any input.

D. Application of a consistent client-centered approach applied to all clients can reduce the risk of introducing provider bias.

The answer is D. "Application of a consistent client-centered approach applied to all clients can reduce the risk of introducing provider bias."

Question

04/05

Which of the following is a good example of implementation of "finding common ground"?

A. Hi Susie. I see you're here for an STD test. I had an STD test once!

B. Hi Susie. How are you? Well, I am tired. It's been a long day. It's hot in here, isn't it? Ok, so you're here for STD testing, which we have done before.

C. Hi Susie. How are you? Tell me a little about yourself. I see you're in college… so what are you studying?

D. Hi Susie. You're here for an STD test? Great, let's get that taken care of.

The answer is C. "Hi Susie. How are you? Tell me a little about yourself. I see you're in college... so what are you studying?"

Question

05/05

Studies show that unconscious biases are more likely to affect what we do when we are busy, tired, anxious, or stressed. We are more likely to apply negative stereotypes when:

A. We have a lot of friends.

B. The client is similar to us.

C. Our morale is low.

D. We have high self-esteem.

The answer is C. “Our morale is low.” We are more likely to apply negative stereotypes when our morale is low.

Conclusion

*This is the end of **Cultural Competency in Family Planning Care**.*

Your feedback is important to us!

Please complete a brief evaluation of this module. After completing the evaluation, you can download your Certificate of Completion from your FPNTC Training Account.

Click the Course Evaluation button below.

Course Evaluation

References

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Section 1: Introduction to Cultural Competence in Family Planning Care

Thanks for joining us

Woolf, S. H. & Braveman, P. (2011). Where health disparities begin: The role of social and economic determinants—and why current policies may make matters worse. *Health Affairs*, 30: 1852–1859.
DOI: healthaffairs.org/doi/10.1377/hlthaff.2011.0685

Title X Regulations

Code of Federal Regulations 42 CFR 59.5(a)(2) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Institute of Medicine. (2001). Crossing the quality chasm: A new health system for the 21st century. Washington, DC: The National Academies Press. DOI: https://doi.org/10.1722

Activity: Cultural competency agency self-assessment

Code of Federal Regulations 42 CFR 59.5(a)(2) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Department of Health and Human Services. Office of Minority Health. Think Cultural Health. National culturally and linguistically appropriate services standards. Retrieved 9-17-19 from https://thinkculturalhealth.hhs.gov/clas/standards

Rew L, Becker H, Cookston J, Khosropour S, Martinez S. Measuring cultural awareness in nursing students. The Journal of nursing education, June 2003, Vol. 42(6), pp.249-57

Impact on health care and family planning

Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Editors). (2003). Unequal treatment: Confronting racial and ethnic disparities in health care. Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care Washington, DC: National Academies Press. DOI: https://doi.org/10.17226/12875

Department of Health and Human Services. Office of Minority Health. Think Cultural Health. National culturally and linguistically appropriate services standards. Retrieved 9-17-19 from https://thinkculturalhealth.hhs.gov/clas/standards

Petersen, E. E., Davis, N. L., Goodman, D., Cox, S., Mayes, N., Johnston, E.,...Barfield, W. (2019, May 10). Vital signs: pregnancy-related deaths, United States, 2011–2015, and strategies for prevention, 13 states, 2013–

2017. MMWR Morbidity and Mortality Weekly Report 2019;68:423–429. DOI: http://dx.doi.org/10.15585/mmwr.mm6818e1

Downing, R. A., LaVeist, T. A., & Bullock, H. E. (2007). Intersections of ethnicity and social class in provider advice regarding reproductive health. American Journal of Public Health, 97, 1803_1807. DOI: https://doi.org/10.2105/AJPH.2006.092585

Centers for Disease Control and Prevention. Basic information about health disparities in cancer. Retrieved September 10, 2019 from https://www.cdc.gov/cancer/healthdisparities/basic_info/index.htm

Dehlendorf, C., Ruskin, R., Grumbach, K., Vittinghoff, E., Bibbins-Domingo, K., Schillinger, D., & Steinauer, J. (2010). Recommendations for intrauterine contraception: a randomized trial of the effects of patients' race/ethnicity and socioeconomic status. American Journal of Obstetrics and Gynecology, 203(4), 319.e1–319.e3198. DOI: https://doi.org/10.1016/j.ajog.2010.05.009

Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. Proceedings of the National Academy of Sciences of the United States of America, 113(16), 4296–4301. DOI: https://doi.org/10.1073/pnas.1516047113

The role of personal interactions in health disparities

Good, M.-J. D., James, C., Good, B. J., & Becker, A. E. (2005). The culture of medicine and racial, ethnic, and class disparities in healthcare. In Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Editors), Unequal treatment: Confronting racial and ethnic disparities in health care. Washington, DC, US: National Academies Press. DOI: https://doi.org/10.17226/12875

Section 2: Embracing Culture

History of cultural competency training

Srivastava, Rani H. *Guide to Clinical Cultural Competence.* Toronto, Elsevier, 2017.

Cultural variation

O. ce of Minority, Health U.S. Department of Health and Human Services (2013). National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. Retrieved from https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf

Activity: What is "Cultural"?

Storti, C., & Bennhold-Samaan, L. (1997). Culture matters: the Peace Corps cross-cultural workbook. Retrieved 11-4-19 from https://files.peacecorps.gov/multimedia/pdf/library/T0087_culturematters.p df

Culturally competent care

Department of Health and Human Services. Office of Minority Health. Think Cultural Health. Culturally competent nursing care: a cornerstone of caring. [eLearning program]. Retrieved 9-18-19 from https://ccnm.thinkculturalhealth.hhs.gov/

What is Cultural Competency? (2016). Retrieved from https://minorityhealth.hhs.gov/omh/content.aspx?ID=2804.

Strategy 1: Universal precautions approach

Brega, Angela G, et al. "Health Literacy Universal Precautions Toolkit, 2nd Edition." AHRQ, Agency for Healthcare Research and Quality, Feb. 2015, https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html

Strategy 2: Expose ourselves to diversity

Improving Cultural Competence. Quick Guide for Administrators. U.S. DHHS SAMHSA Publication No. (SMA) 16-4932. Printed 2016

Activity: Trusted network

LSA Inclusive Teaching Initiative, University of Michigan
http://sites.lsa.umich.edu/inclusive-teaching/

Scenario: Alex

Cohn, G. (2013, August 20). When being lost in translation kills. Retrieved from https://www.salon.com/2013/08/20/when_being_lost_in_translation_kills_partner/.

Strategy 3: Know and use CLAS Standards

Think Cultural Health. (n.d.). National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Retrieved from https://thinkculturalhealth.hhs.gov/clas/standards.

Think Cultural Health. (n.d.). Working Effectively with Medical Interpreters. Retrieved from https://thinkculturalhealth.hhs.gov/.

Activity: CLAS Standards self-assessment

Think Cultural Health. (n.d.). National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Retrieved from https://thinkculturalhealth.hhs.gov/clas/standards

Section 3: Reducing the Impact of Unconscious Bias

What is bias?

Kahneman, D. (2011). *Thinking, fast and slow.* New York: Farrar, Straus and Giroux

Banaji, Mahzarin R.Greenwald, Anthony G. (2013) *Blindspot: hidden biases of good people.* New York: Delacorte Press

Activity: Conscious vs Unconscious thinking

Kahneman, D. (2011). *Thinking, fast and slow*. New York: Farrar, Straus and Giroux

Strategy 1: Use counter-stereotype imaging

Finnegan, E, Oakhill, J. & Garnham, A. (2015). Counter-stereotypical pictures as a strategy for overcoming spontaneous gender stereotypes. Frontiers in Psychology. 6. 10.3389/fpsyg.2015.01291. https://www.researchgate.net/publication/281575977_Counter-stereotypical_pictures_as_a_strategy_for_overcoming_spontaneous_gender_stereotypes

Myers, V. (November 2014). Vernā Myers: How to overcome our biases? Walk boldly toward them [video file]. https://www.ted.com/talks/verna_myers_how_to_overcome_our_biases_walk_boldly_toward_them?language=en

Strategy 2: Use evidence-based recommendations

Institute of Medicine. (2003). Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). Washington, DC: The National Academies Press. https://doi.org/10.17226/10260.

Solo, Julie, and Mario Festin. "Provider Bias in Family Planning Services: A Review of Its Meaning and Manifestations." Global Health: Science and Practice, vol. 7, no. 3, Dec. 2019, pp. 371–385., doi:10.9745/ghsp-d-19-00130.

Strategy 3: Practice perspective-taking

Todd, A. R., Bodenhausen, G. V, Richeson, J. a, & Galinsky, A. D. (2011). Perspective taking combats automatic expressions of racial bias. Journal of Personality and Social Psychology, 100(6), 1027–1042. https://doi.org/10.1037/a0022308

Strategy 4: Find common ground

Scroggins, W. A., Mackie, D. M., Allen, T. J., & Sherman, J. W. (2016). Reducing prejudice with labels: Shared group memberships attenuate implicit bias and expand implicit group boundaries. Personality and Social Psychology Bulletin, 42(2), 219-229. https://doi.org/10.1177%2F0146167215621048

Strategy 5: Practice self-care

Jordan, C. H., Spencer, S. J., & Zanna, M. P. (2005). Types of high self-esteem and prejudice: How implicit self-esteem relates to ethnic discrimination among high explicit self-esteem individuals. Personality and Social Psychology Bulletin, 31(5), 693–702.

Activity: Practicing self-care

Roger Walsh & Shauna L. Shapiro (2006). "The meeting of meditative disciplines and western psychology: A mutually enriching dialogue." American Psychologist

B. Rael Cahn; John Polich (2006). "Meditation states and traits: EEG, ERP, and neuroimaging studies." Psychological Bulletin. 132 (2): 180–211.

Effects on distress, positive states of mind, rumination, and distraction. Ann Behav Med. 2007;33:11–21.

Jain S, Shapiro SL, Swanick S, Roesch SC, Mills PJ, Bell I. A randomized controlled trial of mindfulness meditation versus relaxation training: Effects on distress, positive states of mind, rumination, and distraction. Ann Behav Med. 2007;33:11–21.

Sharp S. “How Does Prayer Help Manage Emotions?” Social Psychology Quarterly Volume: 73 issue: 4, page(s): 417-437

We all make mistakes

Stevenson, H. C. (November 2017). Howard C. Stevenson: How to resolve racially stressful situations [Video file].

https://www.ted.com/talks/howard_c_stevenson_how_to_resolve_racially_stressful_situations

"Cultural Self-Assessment Teaching Tools, Strategies, and Resources - Self-Discovery Exercises." NCCC, The National Center for Cultural Competence, Georgetown University Center for Child and Human Development, https://nccc.georgetown.edu/curricula/assessment/D3.html.

Stereotype suppression

McNally, R. J., & Ricciardi, J. N. (1996). Suppression of negative and neutral thoughts. Behavioral and Cognitive Psychotherapy, 24, 17–25.

Monteith, M. J., Spicer, C. V., & Tooman, G. D. (1998). Consequences of stereotype suppression: Stereotypes on AND NOT on there bound. Journal of Experimental Social Psychology, 34, 355–377.

Monteith, M. J., Sherman, J. W., & Devine, P. G. (1998). Suppression as a stereotype control strategy. Personality and Social Psychology Review, 2, 63–82.