Cultural Competency

Yvonne Fortier
Director of Clinical Services
Hedy Emery
Training Coordinator
A human being is part of a whole, called by us ‘universal,’ a part limited in time and space. He experiences himself, his thoughts and feelings as something separated from the rest . . . a kind of optical delusion of his consciousness. This delusion is a kind of a prison for us, restricting us to our personal desires and to affection for a few persons near to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty.

Albert Einstein
Definitions:

Cultural Competency

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations. Cultural competency is the acceptance and respect for difference, a continuous self-assessment regarding culture, an attention to the dynamics of difference, the ongoing development of cultural knowledge, and the resources and flexibility within service models to meet the needs of minority populations (Cross et al., 1989).
Cultural Competency

Market-Based Definition

Cultural competence is the integration and transformation of knowledge, information, and data about individuals and groups of people into specific clinical standards, skills, service approaches, techniques, policies, participation, organizations, and marketing programs that match the individual’s culture and increase the quality of health care and outcomes.  

(Davis, 2011)
Culture as a construct related to competence

Culture refers to the sum total of ways of living developed by a group of human beings to meet biological and psychosocial needs

Culture: Three Indicators
Lifeways
Language
Worldview
Culture

An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, or social group and the ability to transmit the above to succeeding generations

National Center for Cultural Competence, Georgetown University
Culture is the totality of thought and practice by which *a people* creates itself, develops, sustains, and celebrates itself and introduces itself to history and humanity

Dr. Maulana Karenga

Culture is not a vague or exotic label attached to faraway persons and places, but a personal orientation to each decision, behavior, and action in our lives.

Pedersen
Ethnicity

*Ethnicity* describes groups in which members share a cultural heritage from one generation to another (Robinson & Howard-Hamilton, 2000). Attributes associated with ethnicity include a group image and a sense of identity derived from contemporary cultural patterns (e.g., values, beliefs, and language) and a sense of history.
Racism – the process of enlisting institutional resources to support and promote the belief in the inferiority of groups on the basis of skin color. Racism denies opportunities to one group and grants them to a preferred group on the basis of skin color.

Scheurich and Young (1997) define several categories of racism:

• **Overt racism** – deliberate and intentional

• **Covert racism** – unplanned and unintentional, yet yields consequences similar to overt forms of racism

• **Institutional racism** – policies and practices within an organization that penalize members of a particular group

• **Societal racism** – social and cultural assumptions of one group are favored over another group

• **Civilizational racism** – dominant group assigns a subordinate status to the values and viewpoints of groups regarded as lower in the social hierarchy. These beliefs become embedded in society
Oppression – a form of domination and control that grants benefits and rewards to some people and denies the same access to others.

Power – a sociopolitical process that refers to the capacity to effect change and wield influence over others.

Privilege – privilege grants a set of benefits and system rewards to one group while simultaneously excluding other groups from accessing these advantages.
Disparity

Measurable, not assumed, differences between two or more populations, groups, people, regions, neighborhoods, communities, or an absence of parity or equality between them on various indicators.

King Davis, 2009

“…should be viewed as a train of events leading to a difference in:

Access to, utilization of, or quality of care Health status, or Health outcome….that deserves scrutiny.”

Pearcy & Keppel 2009
Social determinants

are multiple factors and conditions operating within a social environment that collectively influences the health status, behavior, choices, risks, and mortality of individuals and groups within a specific geographical area [nation, region, county, neighborhood, or community].

Davis, 2012
Diversity

- Condition of being different
- Pertains to ways individuals, communities, culture may differ from each other
Primary Dimensions of Diversity
Secondary Dimensions of Diversity
Why is Cultural Competency Important?

The cultural appropriateness of mental health services may be the most important factor in the accessibility of services by people of color. Developing culturally sensitive practices can help reduce barriers to effective treatment utilization.

Rapport building is a critical component of competency development. Knowing whom the client perceives as a “natural helper” and whom he/she views as traditional helpers (such as elders, the church) can facilitate the development of trust and enhance the individual’s investment and continued participation in treatment.
The attainment of cultural competence is an important prerequisite for effective helping, given the:

• Rapid diversity in this state and country;
• Historical experiences of oppression that many culturally distinct groups continue to endure;
• Educational failure and outcomes for minority students; and
• Disproportionate placement of children of color in special education classes.

As integrated health care expands through public sector/managed care processes, Medicaid and Medicare, the need to identify a relevant conceptual framework to guide service design and delivery becomes even more evident.
Culturally and Linguistically Appropriate Services (CLAS)
Title VI of the Civil Rights Act of 1964

Nondiscrimination in federally assisted programs –
Sec 601 States that no person in the United States
shall, on the grounds of race, color, or national origin,
be excluded from participation in, be denied the
benefits of, or be subjected to discrimination under
any program or activities received federal finance
assistance.
Presidential Executive Order 13166- August 2000

Was issued to improve access for persons whom English is not a primary language to federally funded and federally conducted services.

Requires federal agencies that provide services directly to the public to ensure that their own services provide meaningful access for LEP persons.
CLAS Standards Background

In 1997, OMH and partners began to review and compare existing cultural and linguistic competence standards and measures in a national context assess guidelines for outcomes.

A two part report that included recommendations for national standards and an outcomes-focused research agenda was finalized in May 1999.

The final revisions were published in the Federal Register on December 2000 as national standards for adoption or adaptation by stakeholder organizations and agencies.
Organized by themes: Culturally Competent Care (Standards 1-3) Language Access Services (Standards 4-7) Organizational Supports for Cultural Competence (Standards 8-14).

Within this framework, there are three types of standards of varying stringency:
• CLAS mandates are current Federal requirements for all recipients of Federal funds.
• CLAS guidelines are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies.
• CLAS recommendations are suggested by OMH for voluntary adoption by health care organizations. National Standards on Culturally and Linguistically Appropriate Services (CLAS)
CLAS 1-3 Culturally Competent Care
Standard 1
Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2
Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3
Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
Culturally Competent Care Staff embrace the individual journey towards cultural competence.

There are five abilities that are considered necessary to achieve individual cultural competence:

1. We value diversity
2. We are able to understand our own cultural views (and those of our affiliated organizations and systems)
3. We are aware of how culture may be affecting a life situation
4. We are willing and able to learn about other cultures
5. We are able to change our behavior to meet the needs of others and other cultures.
Culturally Competent Care Staff:

• Utilize interpretation & translation services
• Are sensitive to culturally appropriate behavior norms
• Seek out knowledgeable and accepted community resources
• Pay attention to non-verbal cues
• Respect traditional healing practices
• Recognize special events and holidays
• Remember what we have in common!!
CLAS 4-7 Language Access Services
Standard 4
Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5
Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
Standard 6
Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7
Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
What is Linguistic Competence?

The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by:
• diverse audiences including persons of limited English proficiency,
• those who have low literacy skills or are not literate,
• and individuals with disabilities.
Using Language Brokers (Family, Friends, Minor Children, Volunteers, Strangers, and Other Clients/Patients):

• Exposes the agency to liability under Title VI.
• May result in a breach of confidentiality.
• May result in the client being reluctant to fully disclose critical information.
• Increases agency liability due to them not being competent.
• May result in additions, omissions, and changes in content.
• May destroy the “power base” within the family.

Train ALL staff to work effectively with certified interpreters.
According to the National Assessment of Adult Literacy, nearly nine out of ten adults may lack the skills needed to manage their health and prevent disease.

• Fourteen percent of adults (30 million people) have Below Basic health literacy.
• Low literacy has been linked to poor health outcomes such as higher rates of hospitalization and less frequent use of preventive services.
• Agencies with limited Language Access Services run the risk of having their advice ignored, incorrectly diagnosing the cause of a problem or failing to develop an appropriate solution.
• Low health literacy is linked to non-adherence to treatment and medication assisted treatment recommendations
CLAS 8-14 Organizational Supports for Cultural Competence
What is Organizational Cultural Competence?

• A defined set of values and principles, as well as behaviors, attitudes, policies, and structures, that enable systems to work effectively cross-culturally
• The capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities served
• The incorporation of the above in all policymaking, administration, practice, and service delivery, and the systematic involvement of consumers, key stakeholders, and communities
# Cultural Competence Continuum

<table>
<thead>
<tr>
<th>Cultural Competence</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Proficiency</td>
<td>Systems and organizations hold culture in high esteem, as a foundation to guide all of their endeavors.</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>Systems and organizations that demonstrate an acceptance and respect for cultural differences.</td>
</tr>
<tr>
<td>Cultural Pre-competence</td>
<td>Awareness within systems or organizations of their strengths and areas for growth to respond effectively to culturally and linguistically diverse groups.</td>
</tr>
<tr>
<td>Cultural Blindness</td>
<td>Expressed philosophy of viewing and treating all people as the same.</td>
</tr>
<tr>
<td>Cultural Incapacity</td>
<td>Lack of capacity of systems and organizations to respond effectively to the needs, interests and preferences of culturally and linguistically diverse groups.</td>
</tr>
<tr>
<td>Cultural Destructiveness</td>
<td>Attitudes, policies, structures, and practices within a system or organization that are destructive to a cultural group.</td>
</tr>
</tbody>
</table>

National Center for **Cultural Competence** (NCCC). Cultural Competence Continuum. Adapted from *Toward A Culturally Competent System of Care, Volume 1*, Cross et al.
## Comparison of Western and Non-Western Cultural Orientations

### Worldview

<table>
<thead>
<tr>
<th>Western Cultural Orientation</th>
<th>Non-Western Cultural Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individualism Collectivism,</td>
<td>Unity</td>
</tr>
<tr>
<td>Nuclear Family Structure</td>
<td>Extended Family Structure</td>
</tr>
<tr>
<td>Relationship – Hierarchical</td>
<td>Relationships – Collateral</td>
</tr>
<tr>
<td>Competition</td>
<td>Interdependence</td>
</tr>
<tr>
<td>Mastery over Nature</td>
<td>Harmony with Nature</td>
</tr>
<tr>
<td>Future Time Orientation</td>
<td>Present Time Orientation</td>
</tr>
<tr>
<td>Religion – Fragmented</td>
<td>Spirituality</td>
</tr>
<tr>
<td>Scientific Model Intuitive</td>
<td>Sense of Knowing</td>
</tr>
<tr>
<td>Communication – Verbal</td>
<td>Communication – Nonverbal</td>
</tr>
</tbody>
</table>
“If you are dehydrated, a Western doctor would tell you that drinking water will alleviate your sickness. A traditional healer might bless you with a feather and water and tell you that you are not respecting the water. These are two very different ways of looking at health, but you get to the same place.”

Wilbur Woodis, Albuquerque area IHS
• Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
• 2011 U.S. Census Bureau population estimate roughly 52 million Hispanics living in the United States representing 16.7 percent of the U.S. total population
• In 2010, among Hispanic subgroups, Mexicans rank as the largest at 63 percent
• In 2010, 33.9 percent of Hispanics were under age 18
• Mexicans have the largest proportion of people age 18, at 37 percent.
• Census 2009 and 2010 data shows that 76 percent of Hispanics speak a language other than English at home
• 6000 people were deported to Mexico in 2011
Figure 1.1
Mexican-Born Population in the U.S., 1850-2011
(in millions)


PEW RESEARCH CENTER
Figure 1.2
Five-Year Migration Flows Between the U.S. and Mexico, 1995-2000 and 2005-2010
(in thousands)

<table>
<thead>
<tr>
<th></th>
<th>1995 to 2000</th>
<th>2005 to 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. to Mexico</td>
<td>670</td>
<td>1,390</td>
</tr>
<tr>
<td>Mexico to U.S.</td>
<td>2,940</td>
<td>1,370</td>
</tr>
</tbody>
</table>

Note: Estimates are for February 1995 through February 2000 and June 2005 through June 2010. Migration from U.S. to Mexico includes persons born in Mexico, the U.S., and elsewhere; Mexico to U.S. includes Mexican-born persons only.

Source: U.S. to Mexico: Pew Hispanic Center estimates from population, household and migrant microdata samples of Mexican censuses of 2000 and 2010; Mexico to U.S.: Based on Pew Hispanic Center estimates in Figure 1.3 from various sources; see Methodology

PEW RESEARCH CENTER
• Hispanic/Latino population is 1,895,149 in Arizona; 1,128,741 in Maricopa County

• There are now more Hispanic children in Arizona than White, non-Hispanic children

• Mexican immigrants are by far the largest group of immigrants who are in the country illegally—accounting for 6.1 million (55%) of the estimated 11.1 million in the U.S. as of 2011

• Mexicans are also the largest group of legal permanent residents—accounting for 3.9 million out of 12 million.
• Spend $40 billion on goods and services in 2012 and an estimated $50 billion by 2015

• Latinos have served with distinction in the U.S. military for generations. Forty-three Latinos have won our nation’s highest award, the Congressional Medal of Honor. As of 2007, 1.1 million Hispanics were veterans of the U.S. armed forces. Approximately 16% of newly enlisted, active duty members of all branches of the military are Hispanic
Latinos are disproportionately exposed to health hazards and affected by conditions that include diabetes, obesity, heart disease, violence and workplace injury.

http://www.asu.edu/vppa/asuforaz/
Black or African-American Profile

[Map showing states with different shades indicating various statistics or demographics. States such as Texas (TX), California (CA), New York (NY), and others are highlighted in shades of pink or purple.]
July 2011, 43.8 million people in the United States, or 14 percent of the civilian noninstitutionalized population, were Black.

They are the second largest minority population, 2010

28 percent of Black or African-Americans in comparison to 11 percent of non-Hispanic Whites relied on Medicaid

20.8 percent of Black or African-Americans in comparison to 11.7 percent of non-Hispanic whites were uninsured.

From 2000 to 2010 Arizona Black or African-American population increased from 185,599 to 318,665 m, or 71.7 percent (2010 Census)
As of June 30, 2008, there are 846,000 black male inmates held in state or federal prisons or local jails in the United States. This represents 40.2% of all inmates for the same year statistics. About 65% of black inmates are aged 20-39.

This data is based on the Prison Inmates at Midyear 2008 Statistical Tables of the U.S. Bureau of Justice.

“More African American men are in prison or jail, on probation or parole than were enslaved in 1850, before the Civil War began,” ACLU Ohio State Law Professor Michelle Alexander
Disparities in Health Care

• 45% of African Americans, 25% of Hispanics, and 16% of White Americans consider racism a “major problem” in health care. 64% overall view racism as a problem to various degrees.

• 30% of African Americans, 20% of Hispanics, and 19% of Asian Americans stated that prior discrimination was directly related to subsequent delays in pursuing health care in the future.

• Minority patients are more likely to refuse invasive procedures such as transplants, heart surgery, brain surgery etc/
Disparities in Health Care (cont)

Doctors rated black patients as:
• Less intelligent
• More likely to abuse prescription pain killers
• More likely to fail to comply with medical advice
• Less Educated

White physicians spent the least time with black patients, communication was most physician dominated, and pharmacies in low income areas are more likely to be poorly supplied (75%)

McCaine, 2012
Asian American/Pacific Islander Profile
• Original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
• According to the 2011 Census Bureau population estimate, there are 18.2 million Asian Americans, alone or in combination, living in the United States.
• Asian Americans account for 5.8 percent of the nation's population.
• 55 percent of Vietnamese, 46 percent of Chinese, 22 percent of Filipinos and 22 percent of Asian Indians are not fluent in English.
• In 2010, 76.9 percent of Asian American spoke a language other than English at home.

OMH
Asian Americans in Maricopa County –
Chinese, Koreans, Vietnamese, Japanese, Filipinos, Asian Indians, Burmese, Malaysians, Laotians, Cambodian
Pacific Islanders –
Native Hawaiians, Samoans, Guamanians, Tongans
### AAPIs in Maricopa County, US Census 2010

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>% of all AAPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Indian</td>
<td>30,625</td>
<td>21.9</td>
</tr>
<tr>
<td>Filipino</td>
<td>24,492</td>
<td>17.5</td>
</tr>
<tr>
<td>Chinese</td>
<td>23,721</td>
<td>16.9</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>18,934</td>
<td>13.5</td>
</tr>
<tr>
<td>Korean</td>
<td>10,616</td>
<td>7.6</td>
</tr>
<tr>
<td>Native Hawaiian/OPI</td>
<td>7,790</td>
<td>5.5</td>
</tr>
<tr>
<td>Japanese</td>
<td>5,663</td>
<td>4.0</td>
</tr>
<tr>
<td>Other Asian</td>
<td>18,184</td>
<td>12.9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>140,015</strong></td>
<td></td>
</tr>
</tbody>
</table>

Hirano & APCA
Maricopa County Community Survey (Retana & Tein, 2006)

• 50% believe mental illness is a result of a weak mind, 60% attribute it to superstitions, 30% to religious beliefs, 20% to bad thinking and 20% to genetics

• While participants voice that anyone could be impacted by mental illness, they consistently indicate they would not seek services

Hirano & APCA
Findings from listening sessions (APCA, 2010)

• Mental illness a result of energy imbalance (yin/yang), mistakes from past lives, “curse from God”

• Face saving is extremely important to many Asian peoples, and they don’t want others to know their family member is mentally ill

• Depression is viewed as a normal part of aging
# American Indian/Alaska Native Profile

<table>
<thead>
<tr>
<th>Top 13</th>
<th>Total</th>
<th>Alone or in combination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population</td>
<td>Rank</td>
</tr>
<tr>
<td>New York, NY.</td>
<td>8,175,133</td>
<td>1</td>
</tr>
<tr>
<td>Los Angeles, CA.</td>
<td>3,792,621</td>
<td>2</td>
</tr>
<tr>
<td><strong>Phoenix, AZ.</strong></td>
<td><strong>1,445,632</strong></td>
<td><strong>3</strong></td>
</tr>
<tr>
<td>Oklahoma City, OK.</td>
<td>579,999</td>
<td>4</td>
</tr>
<tr>
<td>Anchorage, AK.</td>
<td>291,826</td>
<td>5</td>
</tr>
<tr>
<td>Tulsa, OK.</td>
<td>391,906</td>
<td>6</td>
</tr>
<tr>
<td>Albuquerque, NM.</td>
<td>545,852</td>
<td>7</td>
</tr>
<tr>
<td>Chicago, IL.</td>
<td>2,695,598</td>
<td>8</td>
</tr>
<tr>
<td>Houston, TX.</td>
<td>2,099,451</td>
<td>9</td>
</tr>
<tr>
<td>San Antonio, TX.</td>
<td>1,327,407</td>
<td>10</td>
</tr>
<tr>
<td><strong>Tucson, AZ.</strong></td>
<td><strong>520,116</strong></td>
<td><strong>11</strong></td>
</tr>
<tr>
<td>Philadelphia, PA.</td>
<td>1,526,006</td>
<td>13</td>
</tr>
<tr>
<td>San Diego, CA.</td>
<td>1,307,402</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: U.S.Census Bureau, 2010
• 566 federally recognized (AI/AN) tribes; more than 100 state recognized tribes. There are also tribes that are not state or federally recognized

• Estimated 6.2 million people who were classified as American Indian and Alaska Native alone or American Indian and Alaska Native in combination with one or more other races

• 2 percent of the total U.S. population

• Almost 28 percent of American Indians/Alaska Natives speak a language other than English at home

• 36.7 percent of AI/ANs relied on Medicaid coverage. 29.2 percent of AI/ANs had no health insurance coverage
Circular migration:

Many American Indians and Alaska Natives migrate daily, weekly, or several times a year from reservations or rural areas to urban areas. This may either facilitate or impede access to needed preventive care or long-term treatment and/or contribute to spread of infectious diseases.
Urban AI/AN Communities – “Urban Indians”

- Formation of a unique cultural base
- Dual citizenship
- Acculturation and integration through urbanization
- Adoption of intertribal communalism
- Distinctive identity and organic worldview
- Generational views about societal values and traditions
- Retention of ‘past to present’ features – decision-making includes elders and respected and traditional leaders
Generational Challenges in the Workplace
<table>
<thead>
<tr>
<th>Ascribed Characteristics of 4 Generations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traditionalist</strong></td>
</tr>
<tr>
<td>• Greatest Generation</td>
</tr>
<tr>
<td>• Matures</td>
</tr>
<tr>
<td>• Silent Generation</td>
</tr>
<tr>
<td>• Veterans</td>
</tr>
</tbody>
</table>

Source: Generational Differences in the Workplace by Anick Tolbize, August 16, 2008
<table>
<thead>
<tr>
<th></th>
<th>Traditionalist</th>
<th>Baby Boomer</th>
<th>Generation X</th>
<th>Generation Y/ Millennial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outlook</strong></td>
<td>Practical</td>
<td>Optimistic</td>
<td>Skeptical</td>
<td>Hopeful</td>
</tr>
<tr>
<td><strong>Work Ethic</strong></td>
<td>Dedicated</td>
<td>Driven</td>
<td>Balanced</td>
<td>Ambitious</td>
</tr>
<tr>
<td><strong>View of Authority</strong></td>
<td>Respectful</td>
<td>Love/Hate</td>
<td>Unimpressed</td>
<td>Relaxed, Polite</td>
</tr>
<tr>
<td><strong>Decision-making</strong></td>
<td>Hierarchy</td>
<td>Consensus</td>
<td>Competence</td>
<td>Collaboration</td>
</tr>
<tr>
<td><strong>Relationships</strong></td>
<td>Self-sacrifice</td>
<td>Self-gratification</td>
<td>Noncommittal</td>
<td>Loyal, inclusive</td>
</tr>
<tr>
<td><strong>Perspective</strong></td>
<td>Civic-minded</td>
<td>Team-oriented</td>
<td>Self-Reliant</td>
<td>Civic-minded</td>
</tr>
<tr>
<td><strong>Turn-Offs</strong></td>
<td>Vulgarity</td>
<td>Political Incorrectness</td>
<td>Clichés, Hype</td>
<td>Cynicism, Condescending</td>
</tr>
</tbody>
</table>

Adapted from Talent Strategies Update: International Association for Corporate & Professional Recruitment, 2011-01.
<table>
<thead>
<tr>
<th>Complaints About Younger Workers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate dress</td>
<td>55%</td>
</tr>
<tr>
<td>Poor work ethic</td>
<td>54%</td>
</tr>
<tr>
<td>Excessively informal language and/or behavior</td>
<td>38%</td>
</tr>
<tr>
<td>Need for supervision</td>
<td>38%</td>
</tr>
<tr>
<td>Inappropriate use of or excessive reliance on technology</td>
<td>38%</td>
</tr>
<tr>
<td>Lack of respect for authority</td>
<td>36%</td>
</tr>
<tr>
<td>Lack of respect for organizational hierarchy</td>
<td>35%</td>
</tr>
<tr>
<td>Inability to balance work and life</td>
<td>28%</td>
</tr>
<tr>
<td>Inability to navigate office politics</td>
<td>24%</td>
</tr>
<tr>
<td>Inability to work within a defined structure</td>
<td>22%</td>
</tr>
<tr>
<td>Low productivity</td>
<td>19%</td>
</tr>
<tr>
<td>General skills deficiencies</td>
<td>18%</td>
</tr>
<tr>
<td>Inability to work as part of a team</td>
<td>17%</td>
</tr>
</tbody>
</table>

Note: n = 242. Excludes responses of “N/A, not aware of any complaints or concerns raised by people managers regarding younger workers.” The response category “Unrealistic expectations of employment, current job and/or advancement” was added based on the write-in responses to “other.” Percentages do not total 100% due to multiple response options.
Traditionalist/Baby Boomer Perspectives of Younger Workers:

- Young people have an attitude problem
- Want everything on their own terms
- Don’t understand “paying dues” concept
- Want expensive training right away
- Work minimum hours and then go home
- Have short attention span
- I am doing more parenting than managing
- They dress too casually for the workplace
Events and Experiences

The Greatest Generation
- Great Depression
- New Deal
- World War II
- Korean War
- Frank Sinatra
- Gone with the Wind
- John Wayne, Bob Hope
- Honeymooners
- Sputnik went into Orbit
- Party Line Phones

Boomers:
- Civil Rights
- American Indian Movement
- Woodstock
- Cold War
- MLK/JFK, RFK Deaths
- Room size computers
- Man Walks on the Moon
- Vietnam War and Protests
- Captain Kangaroo
- Elvis, Beatles, Rolling Stones
- Beam Me Up Scotty
- Hippies (Peace, Love)
- Digital Phones
<table>
<thead>
<tr>
<th>Complaints About Older Workers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Resistance to change</td>
<td>47%</td>
</tr>
<tr>
<td>Low recognition of workers’ efforts</td>
<td>45%</td>
</tr>
<tr>
<td>Micromanaging</td>
<td>44%</td>
</tr>
<tr>
<td>Rigid expectations of following authority/chain of command</td>
<td>38%</td>
</tr>
<tr>
<td>Aversion to technology</td>
<td>31%</td>
</tr>
<tr>
<td>Low respect for workers’ work/life balance</td>
<td>31%</td>
</tr>
<tr>
<td>Generally poor management skills</td>
<td>29%</td>
</tr>
<tr>
<td>Inflexibility</td>
<td>29%</td>
</tr>
<tr>
<td>Poor training/coaching skills</td>
<td>28%</td>
</tr>
<tr>
<td>Unfair or excessive criticism</td>
<td>26%</td>
</tr>
<tr>
<td>“Out of touch” with the reality of the job</td>
<td>26%</td>
</tr>
<tr>
<td>Excessive workload</td>
<td>24%</td>
</tr>
<tr>
<td>Excessively formal expectations for dress</td>
<td>17%</td>
</tr>
</tbody>
</table>

Rural Health Professionals Institute
Generation X & Y Perspectives

• I don’t like being stuck in a cubicle with nothing to do
• Supervisor has hardly any contact with me
• My skills have not been tested
• I don’t want to be locked in a dead-end job
• Nobody asks for my opinion
• Nobody recognizes my contributions
Events and Experiences

- **Xers:**
  - Fall of Berlin Wall
  - Watergate
  - Women’s Liberation
  - Desert Storm
  - Energy Crisis
  - AIDS Identified
  - Schoolhouse Rock, Sanford and Son
  - Single Parents
  - Cell Phones/Real Computers
  - Both parents working

- **Millenials:**
  - School shootings
  - Oklahoma City, Columbine
  - Everyone Knows (Facebook)
  - *Child focused world*
  - Multicultural
  - Techno Savvy, Smart Phones/IPAD
  - Iraq/Afghanistan
  - Everyone Hates Chris
  - Reality Shows, Dancing with the Stars, Lost, American Idol
  - Video Gamers
  - Expectations for Telework
How many symbols can you identify?
What more can we do?
Authentic multicultural understanding results from honestly recognizing and confronting the sociopolitical realities that impact the lived experiences of people of color in this country.

Becoming aware of one’s own biases as well as recognizing sociopolitical issues such as oppression, racism, power, and privilege function as initial strategies that naturally lead into the cultural competence sequence. The next step is attaining knowledge competencies.
Culturally Competent Guiding Values & Principles In Your Organization

• Systems and organizations must sanction, and in some cases mandate the incorporation of cultural knowledge into policy making, infrastructure and practice.
• Cultural competence embraces the principles of equal access and non-discriminatory practices in service delivery, practice & service design
• Cultural competence is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families.
(Organizations cont.)

- Culturally competent organizations design and implement services that are tailored or matched to the unique needs of individuals, children, families, organizations and communities served.
- Practice is driven in service delivery systems by client preferred choices, not by culturally blind or culturally free interventions.
- Culturally competent organizations have a service delivery model that recognizes mental health as an integral and inseparable aspect of primary health care.
Community Engagement

• Cultural competence extends the concept of self-determination to the community.
• Cultural competence involves working in conjunction with natural, informal support and helping networks within culturally diverse communities (e.g. neighborhood, civic and advocacy associations; local/neighborhood merchants and alliance groups; ethnic, social, and religious organizations; and spiritual leaders and healers).
• Communities determine their own needs.
• Community members are full partners in decision making.
• Communities should economically benefit from collaboration.
• Community engagement should result in the reciprocal transfer of knowledge and skills among all collaborators and partners.
On going Research

• Cultural competency requires on-going research to update cultural knowledge.
• Cultural competency takes cognizance of changing face of the community and new thinking paradigm, which are uncovered through participatory research.
• Cultural competency is mindful of layers of cultures or subcultures
• Cultural competency is in continuum