The SAMHSA Culture Card
A Framework for Community-Specific Cultural Competency

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Today’s Agenda

• What is culture?
• Why be cultural competent?
• The SAMHSA culture card as a framework
• Examples of cultural competency presentations
• Incorporating cultural competency
What is Culture?

- **Culture** - the thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

**Culture defines how:** - health care information is received;
- how rights and protections are exercised;
- what is considered to be a health problem;
What is Culture?

- how symptoms and concerns about the problem are expressed
- who should provide treatment for the problem; and
- what type of treatment should be given.

*source: Office of Minority Health

- Not just about dress, language or dance
Why Be Cultural Competent?

- Critical to **reducing** health disparities
- **Improve quality** of health care
- **Patient-centered** approach
- **Respect** between both HCP and Patient
- **Enhance** the healing process and problem solving among HCP and Patient
Why Be Cultural Competent?

• Function **effectively** with cultural differences
• **Become aware** and accept others belief system
• **Increase** knowledge
• Basic human interaction
• Use these skills with all populations
Why Be Cultural Competent?

- **Become aware** of your own beliefs and values
- **Adapt** to what fits the cultural context of the individual, family or community
- **Appreciation** for diverse cultures
- **On-going process**, continual **effort**
- **Opens** your own world view
“If we care about families and children, we have an ethical imperative to make culture and cultural competence central to everything we do.”

Associate Commissioner of the Children’s Bureau, U.S. Dept of Health and Human Services
SAMSHA Culture Card as the Framework
Tribal Sovereignty

- Over 560 federally recognized tribes in the US
- Almost 245 non-federally recognized tribes
- Unique legal and political relationship among tribes and Federal government
- Treaties are still recognized
- Tribal governments have rights to hold own elections and determine enrollment
- Policies, legislation, funding, regulations, criminal legal jurisdiction
Tribal Sovereignty

• Chief system still exists
• State laws cannot be applied when they interfere with rights of tribe
• Indian Self-Determination Act allows tribes to contract with Federal gov’t for funding (BIA and IHS)
Regional and Cultural Differences

- Many communities are forced relocation areas
- Tribal politics
- Local dynamics
- Language
- Rivalries
- Live in “two worlds”

- Displacement
- Diversity exists among people within nations
Cultural Customs

• Varies even within community
• Influenced by family, religious/spiritual beliefs, gender, sexual orientation, age, marital status, geography, etc.
• Not easily seen or verbalized

• “the way we do things” part of decision making
• Ask questions but may not always be answered
• Sharing of food is a welcome and builds relationships
• Sense of community and individuals
Spirituality

- Strong respect
- Traditional
- Religious-mainstream faiths
- Meaning of life
- Ceremonies, prayer, medicine may not be shared

- Holistic approach-physical, spiritual, mental and emotional health
- Environment
Communication Styles

- Non-verbal gestures can easily be misinterpreted
- Looking down to show respect or disagreement
- Handshake seen as a sign of respect
- Humor used as coping mechanism
- May use humor to cover pain
- Teasing
- Storytelling important in getting message across
- No “get to the point” frame of mind
Historic Distrust

- Communities destroyed
- Resources taken
- Boarding schools and lasting trauma
- Taught that customs shameful
- Kinzua Dam
- Assimilation
- Racism
- Oppression
- Colonialism
- Extermination
- Dependency
- Present day conflict
- Experiencing loss on all levels
Cultural Identity

- Depends on family and individual experiences
- Traditional
- Non-Traditional
- Label themselves
- May have a lot or little knowledge of culture
- "Indians" not proper term

- Age
- Elders still highly respected
- Youth may be more multicultural or non-traditional
- Attitudes shaped by past
- Trust
Role of Elders & Veterans

• Elders are viewed as valuable members
• Respect for elders is highly encouraged
• Letting elders speak first, not interrupting, and allowing for opinions and thoughts to be expressed

• Many American Indians served US
• Display pride
• Given special consideration and respect
• PTSD
• Historical distrust
Health & Wellness Challenges

• May be holistic approach
• Defined individually
• Western vs. traditional
• Key health issues need to be identified among community

• Different health concepts between HCP and Patient
• Discuss options and their preference of care
• Health literacy
• Trust factor
Strengths in Communities

- Extended family support
- Shared collective community responsibility
- Physical resources
- Retention of culture, customs and language
- Resiliency
- Ability to “walk in two worlds”
- Community pride
- Historical perspective and strong connection to the past
- Seven generations ahead
Self-Awareness & Etiquette

• Evaluate your own belief system, values, biases
• Adapt your tone of voice, volume and speed
• Observe others and allow them to create personal space
• Expressed mistrust, frustration, or disappointment from other situations that are outside of your control; do not take personally
Self-Awareness & Etiquette

• Be aware that teasing may be rapport building or correcting behavior
• Learning to laugh at yourself can earn respect
• Rapport and trust do not come easily in a short amount of time, takes several encounters
• Must value diversity and understand the dynamics
Etiquette Do’s

• Learn how a community prefers to be called
• Be honest and clear about your role and how you will meet their needs
• Listen and observe more than you speak; be genuine and initiate casual conversation
• Be aware of their literacy levels; may nod their head that they understand when they don’t
Etiquette Do’s

• Allow patient to tell their story without interruptions
• Find out more information; actively participate in community
• Seek assistance from a community member
• Respect confidentiality and verbalize it
• Allow things to happen as they should happen
Etiquette Do’s

• Acceptable to admit limited knowledge of AI/AN cultures; invite for more knowledge
• Accept food or drink if offered
Etiquette Don’ts

• Avoid stereotyping based on looks, SES, language, dress, and other outward appearances
• Avoid intrusive questions
• Do not interrupt others
• Do not stand too close
• Do not impose personal values, morals and beliefs
Etiquette Don’ts

• Avoid pointing finger
• Support crying if occurs, let them compose themselves first before continuing
• Do not touch sacred items
• Do not take pictures without permission
• Never use information gained within community unless given permission by tribe or nation
Strengthening your Role

- Understand issues of loss and post-traumatic stress disorder while recognizing strengths in contemporary AI communities
- Having the ability to truly empathize with the AI/AN is a valuable skill
- Have the willingness to learn just as much from the patient as they do from you
- There is no room for “academic arrogance”
Strengthening your Role

• Increase historical knowledge
• Learn present day struggles and play an active role in overcoming them
• Have the ability to interact and engage the AI/AN patient
• Be non-judgmental, open-minded, accepting of differences, respectful
• Respect other value systems even when conflicting with your own
A couple walks into your office...
Cultural Competency Presentations

• Teaching future health care professionals at University at Buffalo (UB) School of Public Health and Health Professions

“The feedback I received from students has been nothing but positive. I think it is eye opening for many of them to learn about the inequities faced by the AI population and the importance of cultural considerations in providing healthcare. They also benefit from learning about how historical and social context affects an individual’s health outcomes and/or health decisions.” *Heather Kearns, MPH, MCH ES Undergraduate Program Director, Exercise Science*
Cultural Competency Presentations

• Workshop for Interprofessional Culture (IPC) in collaboration with UB School of Public Health and Health Professions and Empire State Public Health Training Center at Roswell Park Cancer Institute on June 6, 2013

• All day event with storyteller of our Great Law and principles, Historical perspective regarding health challenges, the Healthcare Provider experience and ending with the Culture card model
Cultural Competency Presentations

• “As we continue to build an interprofessional culture, we look to role models and advocates to lead the way.”

-National Center for Inter-Professional Practice and Education Blog
Cultural Competency Presentations

“It has helped our students understand the important role that culture, tradition, spirituality and history play in shaping behaviors. They have been able to see how important this is against the backdrop of the Affordable Care Act and Accountable Care Organization since the focus is on prevention, both primary and secondary. It has helped them to see people as people not just as patients. This has had a definite positive influence on our medical residents in particular.” Donald W. Rowe, PhD

Director, Office of Public Health Practice
Last thoughts...

• Everyone deserves to be acknowledged
• Everyone comes from a unique place
• First impressions are the most lasting
• Non-judgment is the only way
• Share your cultural competent views with others
• Important to use other resources as well
Resources

• http://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/SMA08-4354
• “Indigenous People and the Social Work Profession: Defining Culturally Competent Services”
  Weaver, Hilary
Nya’ wëh (I am thankful)