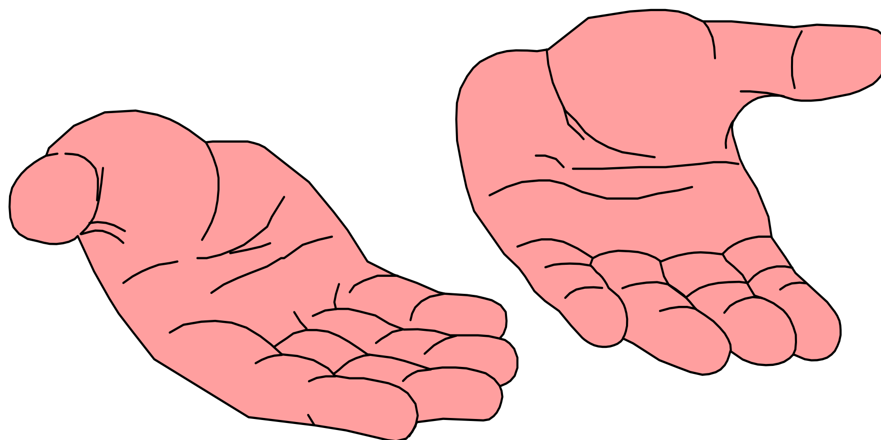
Maryland Department of Health and Mental Hygiene
(DHMH)
Cigarette Restitution Fund Program
Center for Cancer Surveillance and Control

# Outreach Worker Training # 2



# Participant Handbook

November, 2004
William Wiseman, MAHE, CHES

## *Presenter's Foreword*

Times *are* changing. While scientific "breakthroughs" in medicine and healthcare continue to evolve at an amazing pace, competition for and access to many health resources remain problematic issues in many communities. Program budgets seem always to be tightening. There may be fewer of us to do more work. But, as education and outreach professionals, we are witnessing a significant revival.

Success in promoting health awareness and reducing behavioral risk combines multiple strategies and resources, from media campaigns to group educational presentations, to interpersonal outreach. Media messages are expected to promote general awareness and stimulate public curiosity. Likewise, educational programs convey vital information, heighten interest and initiate dialogue among individuals.

However, as we learn more about successful outreach, we observe that *the single most critical factor in compelling people to change behaviors may be the extent to which individuals "personalize" the importance of those behavioral changes*. Whether eating differently, exercising more, quitting smoking, managing stress better or taking advantage of opportunities to be screened for disease, individuals must *understand*, *appreciate* and *value* the results of thinking, acting and *living* differently.

"You're asking me to do difficult things, expend more energy and maybe even spend more money in the process. What's in this for me?", they'll be asking you . . . more often through indifferent stares or courteous looks that belie their disinterest. The "million dollar question" is, "*How is what we have to say important to the individual with whom we're speaking"?* Outreach addresses just this.

Successful outreach . . . particularly in communities of color, or where poverty exists, or where cultural differences exist or where there are disproportionately few health resources . . . is accomplished through interpersonal interaction . . . and that is precisely where your outreach role becomes critical. *You* are, indeed, on the "front line". As educators and outreach workers, *you* are empowered as no others are in our system to *personalize, to motivate* and to *persuade* the public with whom you come into contact, regarding the importance of changing behaviors to their livelihoods, and to their very lives! If you're good at what you do, it is with *you* that discussion will likely take place and from which decisions will likely result. If this sounds like a lot of responsibility, that is simply because *it is* ! Welcome it, *embrace* it, *relish* it, and *realize* just how vital your role is . . . *and how important you are!*

Organizations operate best and accomplish the most when all parts of it work together. Our programs function optimally when we know our *jobs*, our *organizations,* our *customers* and our *communities*. That is precisely your charge. No more. No less. Maintain good work habits. Sharpen your skills. Know your clients. Know their needs. Recognize their interests and desires and familiarize yourselves with the obstacles to healthier behavior that they are likely to encounter.

To achieve what you set out to do in your neighborhoods, however, will require your "commitment. That is, after all, what brought or keeps most of us in our jobs. Commitment often requires of us more than what we think we have to give. I am urging each of you to use all your unique individual and organizational resources to convey our important messages of health promotion, risk reduction, and personal responsibility with such energy, and faith and enthusiasm as has never existed before. Do so *loudly* . . . do so *clearly* . . . do so *persuasively* . . . and do so "at a *personal level*".

To each and every individual in this room, I commend you on your fine work, and wish you nothing but the best in all your continuing educational and outreach efforts. I hope our time together today helps!

# CPEST Education & Outreach Worker Training

| | | |
|---|---|---|
| **Audience:** | Primary: | LHD and Contracted Education & Outreach Worker Staff |
| | Secondary: | CRF Coordinators and/or Case Managers |
| | | MOTA and UM SHN Education & Outreach personnel |

**Dates/Locations:** Monday, November 29, 2004, **Allegany Co. Health Department 12500 Willowbrook Road, Cumberland, MD, 21501**

Friday, December 3, 2004, **Columbia Gateway Center, 6751 Columbia Gateway Drive, Columbia, MD, 21046**

**Monday, December 6, 2004,** Queen Anne's Co. Health Department, 206 N. Commerce Street, Centerville, MD, 21617

# P R O G R A M   A G E N D A

| | |
|---|---|
| ***9:30 - 9:40 AM*** | ***Welcome, Introductions, Opening Remarks, and Objectives*** |
| ***9:40 - 9:50 AM*** | ***Opening Exercise: The Job of Outreach*** |
| ***9:50 - 10:00 AM*** | ***Using the MD Comprehensive Cancer Control Plan*** |
| ***10:00 – 10:45 AM*** | ***Improving Didactic and PowerPoint Presentations*** |
| ***10:45 -11:00 AM*** | ***Break*** |
| ***11:00 AM - 12:30 PM*** | ***Local Health Department Outreach "Best Practices"***<br>• ***Marketing Without a Budget (Beth Garbolino, Harford County)***<br>• ***Door-to-door Outreach (Patricia Winters, Charles County)***<br>• ***African American Male Outreach (Tonia Lewis, Tina Palmer, Montgomery County)*** |
| ***12:30 - 1:15 PM*** | ***Networking Lunch (on your own)*** |
| ***1:15 – 2:00 PM*** | ***Fundamentals of "In-reaching", Staffing Display Tables*** |
| ***2:00 - 2:30 PM*** | ***NCI/CIS Program and Resource Update (Sabrina Reed)***<br>***Other Education and Outreach Resources*** |
| ***2:30 – 2:45 PM*** | ***Outreach and Client Recruitment: "Fishing Where the Fish Are"*** |
| ***2:45 - 3:00 PM*** | ***Considerations for Growing More Culturally Sensitive*** |
| ***3:00 - 3:15 PM*** | ***Discussion, Q&A, LHD Sharing of "News and Notes"*** |
| ***3:15 – 3:30 PM*** | ***Summary, Wrap-up and Program Evaluation*** |

# CPEST Education/Outreach Staff Training
# Program Objectives

- **Differentiate between the goals versus the tasks/activities related to education and "outreach"**
- **Specify practical uses of the MD Comprehensive Cancer Control Plan**
- **Review traditional public health educational and outreach strategies, consisting of:**
  - utilizing PowerPoint presentations
  - making group educational presentations
  - staffing health fair displays
  - local health department program "in-reaching"
- **Identify important logistical and methodological considerations within the context of "outreach" for:**
  - personalizing educational activities,
  - facilitating client interactivity,
  - promoting "one-to-one" follow-up as a means of improving client screening (and other health risk reduction) behavioral compliance, and
  - increasing personal and organizational sensitivity to cultural differences
- **Recognize "Best Practices" of CPEST local health department programs**
- **Receive a (NCI) Cancer Information Service update on available programs and services**
- **Network with other education and outreach professionals**

# Opening Exercise:
## *“The Job of Outreach”*

**Objective: To differentiate between goals and tasks.**

**First:** *Briefly* write down what you believe your “job” is, as an outreach worker for your local jurisdiction. Once you’ve finished, put it aside for the time being; we’ll return to it later.

**Next:** All of us have been to a restaurant at some point and have been served by a waitress or waiter. Write down what you think is the “job” of a waitress or waiter. Then we’ll list on newsprint the ideas you’ve come up with.

**Last:** As an important part of today’s workshop, we want you to begin thinking about your work in terms of *what you want to achieve*, and not simply “what you do”. Look back at how you originally described your job as Outreach Worker. If you defined your job in terms of the task sand activities you perform, now re-write the description your job as Outreach Worker in terms of what your local health department (or other program administrator) wants you to achieve. Also consider which job elements you might have originally listed are most critical to achieving your goals.

# The MD Comprehensive Cancer Control Plan

***"To be efficient and effective, we must work with our partners to change the categorical cancer mindset into one comprehensive strategy."***

**James S. Marks, MD, MPH**
**Director, National Center for Chronic Disease Prevention and Health Promotion.**

## *Comprehensive Cancer Control: What it is?*

*The MD Comprehensive Cancer Control Plan 2004-2008: Our Call to Action* (*MCCCP)* is a resource and guide for health professionals who are involved in planning, directing, implementing, evaluating, or performing research in cancer control in Maryland. The plan represents the coordinated effort of over 200 individuals across the state that came together through 14 communities and a Core Planning Team to develop a document that reflects the needs of Marylanders. This plan was not developed by, nor for, any one organization. Rather, it was developed by a broad partnership of public and private stakeholders whose common mission is to reduce the burden of cancer in Maryland. It was developed *by* Marylanders *for* Marylanders.

In creating the *Plan*, gaps and barriers to cancer control were identified. From these observations, goals, objectives and strategies were developed which are provided at the end of each chapter (each relating to specific issues), and which serve as a guide to all organizations in the state as to where additional attention is needed. The objectives are far-reaching and complex and no one organization can be expected to carry out all these activities. Rather, the goals and objectives are listed as our "call to action" to encourage any organization (or individual) involved in any aspect of cancer control to address one or more of these goals and objectives, and to apply the appropriate strategies as resources and opportunities arise.

# The MD Comprehensive Cancer Control Plan

## *Comprehensive Cancer Control: Why it was created?*

- ✓ Most cancer-related programs supported by the Centers for Disease Control and Prevention (CDC) are categorical and coordination among these programs can be a challenge.
- ✓ Coordination of cancer control activities is essential to maximize resources and achieve desired cancer control outcomes.
- ✓ Comprehensive cancer control (CCC) results in many benefits including increased efficiency for delivering public health messages and services to the public.

## *MCCCP Implications for Local Health Departments and Staff*

- ✓ Use the MCCCP as a ready resource for cancer facts and statistics
- ✓ Review and become familiar with MCCCP objectives as they relate to your specific program of work
- ✓ Incorporate MCCCP objectives and strategies into Community Health Coalition member recruitment and retention
- ✓ Consider MCCCP strategies when planning program outreach, educational and service initiatives

# PowerPoint Presentations
# *Developmental* Considerations

Checklist:

- ✓ Focus on presentation content
- ✓ Use large, readable type
- ✓ Create a logical “flow” of ideas
- ✓ Use meaningful graphics . . . but
- ✓ Don’t be seduced by technology
- ✓ Keep text and ideas simple and concise
- ✓ Summarize sentences into “bullets”
- ✓ Address one concept per page

# PowerPoint:
# *Presentation* Considerations

Remember, foremost, that *you* are the presentation !

Checklist:

- ✓ Be comfortable; practice your presentation
- ✓ Remember, “reading” is not “presenting”
- ✓ Know your audience; ***think like them!***
- ✓ Always keep your purpose in mind!
- ✓ Position yourself appropriately; face your audience
- ✓ Use a (manual or computer) “pointer” as appropriate
- ✓ “Blank” the screen appropriately
- ✓ Keep the room sufficiently well lit

# Making Presentations

Checklist:

- ✓ Enjoy yourself
- ✓ Know your facts . . . and know your limits
- ✓ Identify with the audience
- ✓ “Personalize” messages
- ✓ Create mental pictures
- ✓ “Touch” the emotions of your audience
- ✓ Use “living room language”
- ✓ Slow down; pace yourself accordingly
- ✓ Invite questions, encourage interaction

# Making Presentations

(Continued)

Checklist (continued):

- ✓ Use models, analogies, stories to emphasize important concepts
- ✓ Repeat important information frequently
- ✓ Limit the amount of information you give at any one time
- ✓ Use/provide handouts
- ✓ Whenever possible, use “teach- back”
- ✓ Be respectful, caring, and sensitive
- ✓ Make sure your “body language” sends the right messages

## CPEST Education & Outreach Training: LHD "Best Practices"

## *"Marketing on a Budget"*

**Beth Garbolino, Harford County CPEST Program**

This presentation will help participants understand the importance of marketing during budget hardships. These ideas can be applied to support voluntary behavior change that can benefit the health of an individual. Consistently promoting events and programs by using community contacts, local media and partnerships is the key to reaching the targeted audience.

1. Social Marketing
    - Define
    - Why is it necessary?
    - "Not my job?"

2. Getting Started
    - Target Audiences
    - Sending the correct message,
    - Using the community connection
    - Media contacts
    - Partnerships

3. Press Releases
    - Do's and Don'ts
    - Obstacles
    - Changing Strategy: "Need" vs. "Opportunity
    - Keys to Success

Key Points:

- Defining Social Marketing as something we do everyday via education and outreach; just a new way of looking at things.
- Advertising, marketing, promoting is everyone's job.
- Goal is you are trying to promote behavior change
- What do you want your marketing plan to achieve
  - Generate phone calls
  - Clients
  - Awareness
- Use the community connection to market your program, or whatever you need to promote.
  - Church Newsletters
  - Hospitals Newsletters
  - Schools, colleges

Libraries
Park and Recreations
County council agendas
Forming Partnerships
Sponsoring events (even with no money)
Media contacts-pennysavers, coupon mailers, press releases, local cable channel, local radio stations, county website

- Brainstorm locations in your area
- Make calls, make a calendar for deadlines, PLAN AHEAD
- CRC month, some deadlines already passed
- Press release examples

Sometimes change is necessary, always keep your eyes open for “free ideas”

## CPEST Education & Outreach Training: LHD "Best Practices"

# Presentation Title: *"Marketing Without a Budget"*

**Beth Garbolino, Harford County CPEST Program**

1) **Who was involved in and what went into the decision to perform this outreach activity? What reasons were there for conducting this activity?**

2) **How did staff plan/prepare for this activity? What special considerations went into the planning of this initiative?**

3) **How was this activity implemented? (Who? What? When? Where? How?)**

4) **What problems or obstacles were encountered in performing this activity? What, if anything, was done to overcome these obstacles?**

5) **How has this strategy/activity changed since the time it was first initiated?**

6) **What were/are the most important things to consider in conducting this activity?**

7) **What are your keys to success with respect to this activity? How is/was the success of this initiative measured?**

# CHARLES COUNTY
# "DOOR-TO-DOOR" OUTREACH CAMPAIGN

- In order to do employ this strategy, one must enjoy very personalized contact with strangers being out in the community, and must believe he/she is making a difference.
- My attitude in going about this activity, and that which motivates me most, is that I am possibly saving a life.
- To do "door-to-door" outreach in the types of communities I am serving, one must not be apprehensive about the unfamiliarity; however, it is important to be careful and be mindful of your surroundings.
- Each morning I plan my itinerary, pack materials I'll need for the day, such as Door Hangers, Brochures, Referral Forms, etc.) and I choose a neighborhood where I want to do outreach
- At the neighborhood site, I conduct a "drive through" to determine if I feel it is safe. I drive a state car and carry a cell phone with me at all times. I don't take my purse or any personal valuables into the home. I lock them up in the trunk of the car.
- Next, I prepare myself to greet the individual by introducing myself and identify my organization and my title. I also wear my agency ID and show that to the person answering the door.
- I observe the Client's expression on their face and their body language. If the expression tells me that he/she doesn't want to be bothered then I might say, "Smile, I do wonderful things" or "I'm not selling anything. But that's not true; I'm selling information on Colorectal Cancer." That usually gets a smile or a laugh.
- Immediately upon entering the home, I observe my surroundings, since it's very important that you feel safe in the home. I always put myself in a position that if you need to exit quickly you can do so.
- Then I proceed with my presentation by educating the individual on Colorectal Cancer, the benefit of screening for early detection and description of the (colonoscopic) procedure.
- My message is "pitched" differently depending upon the individual(s) I encounter, pointing out that this is his/her body and that he/she needs to take charge. I use my personal experience with colonoscopy to make what I say more believable. I am respectful and never lose sight of the fact that I am a guest in this home and can be asked to leave at any time.
- If I believe it to be age-appropriate, I determine their eligibility (age 50-64, Charles County resident, no insurance or underinsured). Once the person agrees to enter the program I tell them that the program coordinator will be calling them to set up an

appointment to come into the office for an interview and to set up an appointment with the doctor.

- Communities in our county have been identified wherein a substantial number of potentially CPEST program-eligible people live. Residents may earn less that $10.000 annually. Many of these people live in trailers without running water or electricity.

- I feel it's very important to establish a support system at the Health Department in the event of an unexpected emergency whereby authorities can be contacted for assistance, when necessary.

## CPEST Education & Outreach Training: LHD "Best Practices"

# Presentation Title: *"Door-to-Door Outreach"*

**Patricia Winters, Charles County CPEST Program**

1) **Who was involved in and what went into the decision to perform this outreach activity? What reasons were there for conducting this activity?**

2) **How did staff plan/prepare for this activity? What special considerations went into the planning of this initiative?**

3) **How was this activity implemented? (Who? What? When? Where? How?)**

4) **What problems or obstacles were encountered in performing this activity? What, if anything, was done to overcome these obstacles?**

5) **How has this strategy/activity changed since the time it was first initiated?**

6) **What were/are the most important things to consider in conducting this activity?**

7) **What are your keys to success with respect to this activity? How is/was the success of this initiative measured?**

**CPEST Education & Outreach Training: LHD "Best Practices"**

# *Reaching African American Men in Montgomery County: "Leveling The Playing Field"*

**Tonia Lewis and Tina Palmer, Montgomery County CPEST Program**

- **Ice Breaker** -Who is African American?

- **African American Men vs. Cancer**

- **What Are The Barriers Reaching This Population?**

- **Outreach Strategies:**
    - **Strategy #1**- Familiarity with Target Community
    - **Strategy #2**- Addressing Important Concerns and Perceptions
    - **Strategy #3**- Methods of Communication
    - **Strategy #4**- Key Points for Outreach and Education

- **Q & A**

## CPEST Education & Outreach Training: LHD "Best Practices"

# Presentation Title: *Reaching African American Men in Montgomery County: Leveling The Playing Field"*

**Tonia Lewis and Tina Palmer, Montgomery County CPEST Program**

1) **Who was involved in and what went into the decision to perform this outreach activity? What reasons were there for conducting this activity?**

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# Health Fairs:
# " Rules of Engagement "

Checklist:

- ✓ Create an "attractive" display
- ✓ Stand up and move around; <u>don't</u> sit
- ✓ Make and sustain eye, facial contact
- ✓ Engage people; identify something by which to initiate conversation
- ✓ Actively promote dialogue
- ✓ Use (appropriate) humor to stimulate or attract interest
- ✓ Use open-ended questions to find out what people "know"
- ✓ Have fun!

# In-Reaching:
# *Planning* Considerations

Checklist:

- ✓ Choose programs carefully . . . that have similar characteristics
- ✓ Get permission to participate
- ✓ Pre-plan with supervisors
- ✓ Establish / confirm mutual goals
- ✓ Meet with program staff

# In-Reaching:
## *Implementation* Considerations

Checklist:

- ✓ Plan effectively and cooperatively to minimize confusion and chaos
- ✓ Meet with program staff *ahead of time*
- ✓ Set up a display
- ✓ Establish a common “link” with clients between the two programs being represented
- ✓ Provide informational/follow-up materials

# Cancer Information Service

*A Program of the National Cancer Institute*
*Your Link to Cancer Information*

# Program Services and Resources Update

**Presentation:**

**Sabrina Reed, MPH**
**Partnership Program Coordinator**
**Mid-Atlantic Region**

# *Cancer* and *Colorectal Cancer* Information Web Sites

The following is a list of websites of credible, well-established systems and organizations doing research into and/or providing preventive health information and education services in the fields of cancer, generally, as well as colorectal cancer, specifically. In most cases, the main website is listed and readers may, upon reviewing various prompts, follow a "user friendly" trail to the specific information they seek. In other cases, references are provided that will eliminate keystrokes. You might already be familiar with and regularly use many of these. Visit them often as periodic changes and updates are made.

| Organization | Website |
|---|---|
| ***American Cancer Society*** | **www.cancer.org** |
| ***American Gastroenterolological Assn.*** | **www.gastro.org**<br>(Click on **Public Section**, then **Digestive Health Resource Center,** then **Colorectal Cancer Detection & Prevention**) |
| ***American Institute for Cancer Research*** | **www.aicr.org** |
| ***Cancer Care*** | **www.cancercare.org** |
| ***Cancer Research and Prevention Foundation*** | **www.preventcancer.org** |
| ***Centers for Disease Control and Prevention***<br>***CDC "Screen For Life"***<br>***CDC "Screen For Life", related*** | **www.cdc.gov/health/cancer.htm**<br>**www.cdc.gov/cancer/screenforlife/index.htm**<br>**www.cdc.gov/cancer/screenforlife/info.htm** |
| ***Colon Cancer Alliance*** | **www.ccalliance.org/** |
| ***Harvard School of Public Health*** | **www.hsph.harvard.edu/cancer** |
| ***The International Cancer Alliance*** | **www.icare.org/** |
| ***(Aetna) Intelihealth*** | **www.intelihealth.com** |
| ***Intercultural Cancer Council*** | **www.iccnetwork.org** |
| ***Mayo Clinic*** | **www.mayoclinic.com**<br>(Follow prompts for **Diseases** and **Health Decision Guides**) |
| ***Medem*** | **www.medem.com**<br>(Follow prompts to **Medical Library** to **Library Entry** to **Conditions** to **Cancer** to **Colon and Rectal Cancer** |
| ***MedicineNet.com*** | **www.medicinenet.com**<br>(Use lists and follow prompts for specific topics) |
| ***National Cancer Institute*** | **www.cancer.gov/cancer_information/**<br>(Follow prompts for **colorectal** cancer) |
| ***National Colorectal Cancer Research Foundation*** | **www.eifoundation.org/national/nccra/splash/** |
| ***National Comprehensive Cancer Network*** | **www.nccn.org/** |
| ***National Foundation for Cancer Research*** | **www.researchforacure.com** |
| ***National Institutes of Health (NIH)***<br>***NIH, MEDLINEplus Health Information***<br>***NIH National Library of Medicine***<br>**(For all reports of the U.S. Surgeon General)** | **www.nih.gov**<br>**www.nlm.nih.gov/medlineplus/**<br>**www.nlm.nih.gov/hinfo.html**<br>**http://sgreports.nlm.nih.gov/NN/** |
| ***Strang Cancer Prevention Center*** | **www.ColonCancerPrevention.net/ccpindex.htm** |
| ***The Sharon Osbourne Colon Cancer Foundation*** | **http://sharon.warnerbros.com/showinfo/resources.html** |
| ***U.S. Dept. of Health & Human Services "Healthfinder"*** | **www.healthfinder.gov**<br>(Follow prompt to "alphabetical listing of **Diseases and Conditions** and click to **Colorectal Cancer)** |
| ***University of Pennsylvania Cancer Center*** | **www.oncolink.com** |

# Outreach and Client Recruitment:
## "Fishing Where the Fish Are"

### *Why be selective?*

In an economy of diminishing program funds and increased program costs, it becomes increasingly more important to prioritize outreach activities, relative to both *what we do* and *where we conduct them*, as a means of increasing efficiency and accomplishing program objectives. Here are some reasons for being more selective and for "fishing where the fish are."

⇒ We must learn from past (outreach) experiences *which* initiatives, strategies and activities (as well as *where* they have been implemented) have worked, and which have not met expectations or contributed to meeting Program goals.

⇒ Program client eligibility requirements/standards may be redefined, thereby "changing" our target population (e.g., income eligibility changes from 250% FPL guidelines to 200% or lower.)

⇒ Funds for program services (such as screening and/or treatment) may have decreased to a point where the flow/number of "new" clients must be restricted or altogether discontinued. Implications for outreach change so as to direct informational and awareness campaigns toward the "insured" population.

# Outreach and Client Recruitment:
## "Fishing Where the Fish Are," continued

### *Outreach Locations:*

- ✓ Offices of physicians and other healthcare providers
- ✓ Community action agencies
- ✓ Social services agencies
- ✓ Government offices (including Post Offices)
- ✓ Community health centers
- ✓ Low-income (senior ?) housing
- ✓ Senior centers ( ? )
- ✓ Discount department stores
- ✓ Thrift shops
- ✓ Grocery stores
- ✓ Phamacies
- ✓ Churches
- ✓ Shopping centers and malls
- ✓ Beauty shops and barber shops
- ✓ Urban and rural, low income neighborhoods

**Other: What additional suggestions do you have?**

# Becoming More Culturally Sensitive

## Culture:

. . . is an integrated pattern of human behavior which includes but is not limited to:

- Thought
- Communication
- Languages
- Beliefs
- Values
- Practices
- Customs
- Courtesies
- Rituals
- Manners of interacting
- Roles
- Relationships
- Expected behaviors

. . . of a:

- Racial
- Ethnic
- Religious
- Political
- Socially acknowledged

. . . group. It is dynamic in nature and has the ability to transmit the above characteristics to succeeding generations.

# Cultural Competence

. . . requires that organizations, systems have a clearly defined, congruent set of values and principles, and demonstrate **behaviors, attitudes, policies, structures,** and **practices** that enable them to work effectively, cross-culturally. From a health services delivery perspective, ***cultural competency*** refers to a practitioner's capacity for interpersonal **cultural sensitivity and practice**. It infers the ability of health providers to **deliver equal care to people of diverse cultural and linguistic backgrounds** who, because of these differences, may also have different understandings of health and illness.

***Cultural influences*** on beliefs and practices related to the access and use of health services by individuals of diverse cultures include:

- Reliance on traditional remedies and healers
- Delaying access to care
- Historical mistrust of health care or social service institutions or providers
- Experiences of racism, discrimination and bias
- Cultural and linguistic barrier

## Am I culturally competent?

## Is cultural competency a reasonable expectation?

# Considerations in
# Becoming More Culturally Sensitive

Dialogue about the needs of culturally disparate groups, with respect to the promotion and delivery of health services and without regard to any single disease or condition, provides an excellent springboard for change . . . toward becoming more culturally "sensitive" and "competent" professionals. The following bullets provide an overview of some universal points related to cultural competency.

- From a health services delivery perspective, ***cultural competency*** refers to a practitioner's capacity for interpersonal **cultural sensitivity and practice**. It infers the ability of health providers to **deliver equal care to people of diverse cultural and linguistic backgrounds** who, because of these differences, may also have different understandings of health and illness.

- ***Cultural sensitivity*** refers to the extent to which **ethnic/cultural characteristics, experiences, and values are incorporated into** the **design, delivery,** and **evaluation** of targeted health promotion materials and programs.

- Sensitivity and "competency" are of **growing importance because increasing social, racial, ethnic and linguistic diversity** in the U.S. population **has made cross-cultural interactions more prevalent in health care settings**.

- **Cultural barriers are at least partly to blame for the health disparities** experienced by U.S. racial and ethnic minorities. Racial and ethnic minorities in this country continue to experience lower survival rates in 16 of 17 "health indicators", including cancers. **It is impossible to deny the potential impact of cultural sensitivity on early detection and cancer survival, relative to timely access and informed decision-making to utilize screening, diagnosis and treatment services**.

- There is strong scientific evidence that, even controlling for variables such as socioeconomic status and access to healthcare, **racial, ethnic and social minorities experience a lower quality of health services, due, in part, to stereotyping and biases on the part of health service providers**.

- **In addition to race and ethnicity, people's beliefs about health and wellness also are affected by other factors** including, but not limited to, age, relations, family structure, gender, sexual orientation, education, socioeconomic status, religious beliefs and/or a history of abuse or neglect by the health care system.

## Considerations in Becoming More Culturally Sensitive, continued

- **Most races, ethnicities and social subsets are diverse groups** in terms of national origin, geographic location, immigration status, socioeconomic status, and acculturation and assimilation levels.

- While linguistically appropriate cancer information is absolutely essential, **cultural competency is *not* just about translating information directly from one language to another**. Other issues considered "key" to cultural competency include all health care providers' understanding of:

  - ✓ how a patient's cultural group generally deals with illness
  - ✓ how the cultural groups' family structure determines who makes medical decisions
  - ✓ body language and other non-verbal communication

- Among minorities, particularly those of low socioeconomic status or who are un- and under-insured, **other systemic barriers and family dynamics often contribute to decisions to make personal health needs a lower priority;** identifying and addressing these barriers is critical.

- Some ethnic groups utilize alternative treatments and often visit their traditional practitioners before going to Western ones. **If Western health care providers don't understand the health model that patients come with, patients will most likely quickly "turn-off"** and not return.

- The best **short-term** approach to cultural competency **is to hire/contract with culturally and linguistically appropriate staff** who reflect the population, to intervene with patients, and to provide ongoing cultural training for all staff.

- **Longer term** solutions with the greatest potential to improve overall health of all patients is (1) the **systemic integration of cultural competence training into** medical, nursing and allied health care **provider preparation** and (2) **designing** health/cancer screening **programs that specifically address the beliefs and concerns of different cultural groups**.

- Experts agree that **health providers** can't know everything about every cultural group. Besides, "culture" is *not* stagnant, and is changing all the time. Culturally competent providers simply **need to respect and be sensitive to each patient's vantage point and need to acknowledge how their own cultural perspectives interact with those of their patients** in every step of the cancer care process, from screening, to diagnosis, to end-of-life. It is impossible to deny the potential impact of cultural sensitivity on early detection and cancer survival.

# Notes