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# Cultural Competence in Health

## A Review of the Evidence

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# Foreword

*Cultural Competence in Health Care: A Review of the Evidence* is an exciting and ground-breaking account of the complexities and disparities of knowledge, praxis and process within the quagmire of this slippery beast Cultural Competence. I say slippery beast in that it is a notion that has been very difficult to define and/or collapse into an equitable semantic space. The authors however do just that; they delve into the murky waters of literature and explore the many dimensions of this convoluted term that has remained unattainable to many of us, delivering an inspiring and particularly informing explanation of the many facets of this philosophy of practice. This book examines and brings together what has not been fully known about cultural competence in practice before: the numerous perspectives are synthesised and developed from a far-reaching realm across the broad spectrum of health delivery. The many other “ways of knowing”, like cultural competence but known as different for their own special nuances, are also surveyed, bringing a greater clarity of why the difference matters.

Cultural Competence has been viewed as the panacea to build the capacity of health services and those who work for the health service to deliver safe and effective care to those who are marginalised within the broader society. In its many iterations, it has not always been successful in attaining the outcome of providing equitable care to those in need. Cultural Competence has been quibbled about for its shortcomings, and this book demonstrates that its scope has grown considerably beyond its primary promise over the decades. This extension is elucidated clearly and opens up a deeper space of the complexity, of the many levels that require observation, attention, action and measuring. Perhaps the shortcomings have been our own and our health system’s lack of appreciation that not one approach only can reduce health disparities.

Evidence explored suggests that there is more to why Cultural Competence has not been a truly triumphant strategy. It is not about the patient’s ethnicity, poverty, or linguistic difference or gender. Cultural differences are examined to have a broader reach than race and ethnicity. The social cultural mosaic is also examined, and these determinants impacting on healthcare access and outcomes are extensive. Flipping the equation from patient deficit to where the power is really held, by the

health professionals and health system, is a vital story we must all accept and acknowledge, and it is through this genuine insight that we all may be able to make significant changes in the way we work within a system that has 'care' in its schema and praxis.

The authors critically unpack just what a marginalised group of people means and who they are and how they were constructed to be different and less deserving in their society when accessing health care. Can a philosophy of praxis be effective in addressing the historical, politically constructed and social determinants that have fashioned the power differentials that exist in society? Yes, they can, if we all learn to grow our critical reflective gaze and shift our focus to develop the openness Cultural Competence recommends that we do. It is not that Cultural Competence is not working. It is that we in the health sector have not really attempted to take action on this philosophy of practice in its entirety. The depth of evidence provided in this text will assist anyone who may question the authenticity of this way of knowing, being and doing. It will also assist the reader to be able to grasp the essential tenets of Cultural Competence.

What is compelling is the clarity of this book's purpose of filling in the gaps. This is crafted through the identification of critical yet often ignored points of focus, the drivers of Cultural Competence. Along with models for understanding the conceptual landscape of this messy beast, this book also explores approaches and strategies that are beneficial to the multiple components of the healthcare system. Operationalising Cultural Competence requires a multilevel framework that is beyond the individual health practitioner. It is also about measuring how you are going with your uptake of Cultural Competence. Measuring how you are going is of course a tricky test, and having the right tools backed up by evidence is vital to be confident about achieving best practice.

The exciting outcome of this book is that we are doing the right thing. Cultural Competence is a worthwhile health strategy, and we all need to do more about getting Cultural Competence across more health curriculums and beyond. Operationalising our healthcare systems to embed Cultural Competence into their policies, their evaluations, their practices, their KPIs, their staff training and their appraisals is critical for achieving health equity. Cultural Competence does work and can be a life-saving health practice. If we read and take up some of the strategies explored, we may gain a greater insight. As Cultural Competence is a lifelong journey, both we and our patients gain benefits.

For academics across the spectrum, this is a text that will be invaluable to you. I believe this book will make the difference we have all hoped Cultural Competence could and would achieve. Fortified with and by this text, we will all be in a better place.

By the way I loved this book!!!

Juanita Sherwood  
University of Sydney, Sydney, NSW, Australia

# Preface

Everyone has the right to accessible healthcare that is safe, responsive, effective and appropriate to their individual needs. That is health equity. Yet, inequalities in healthcare distribution and access are pervasive globally. Concerns about inequalities in healthcare access, service provision and health outcomes for global Indigenous populations and minority groups are prompting regulatory bodies, health services and health professionals to examine how they can better meet the healthcare needs of these groups.

Evidence demonstrates that inequitable access to quality healthcare based on ethnicity contributes to health disparities [1]. Cultural Competence interventions are developing internationally in response to the now considerable research evidence pointing to the need for culturally responsive care for Indigenous populations and minority groups. The argument for developing culturally competent services and workforces is positioned in a human rights framework: the basic human right to life and health [2].

The need for Cultural Competence was first prompted by civil rights movements across Western countries in the 1960s, almost half a century ago. This movement alerted health administrators to the distinct identities and long histories of oppression of Indigenous people, ethnic groups, women, gays and lesbians, people with disabilities and others. A further impetus was the growing number of new immigrants globally, who have brought unique historical, cultural, language, religious and political backgrounds [3].

Yet, inequitable access to quality healthcare still contributes to the health disparities between Indigenous nations and minority groups and benchmark populations. The absence of ethnic concordance in healthcare delivery leads to delayed access to care and contributes to the underutilisation of healthcare services [4]. Healthcare access is an 'intermediate indicator along a pathway linking resources in the social environment to health outcomes' [5]. However, there exist multifactorial causes of inequalities in the distribution of health, healthcare and access, including any number of individual, community and national factors. Perhaps the largest contributors are those related to sociocultural factors that lie outside the healthcare system [6].



Cultural Competency is a key strategy for reducing inequalities in healthcare access and the quality and effectiveness of care received. It works to enhance the capacity and ability of health service systems, organisations and practitioners to provide more responsive healthcare to diverse cultural groups [7]. From a human rights perspective, Cultural Competency is also about how the concept of respect is operationalised to ensure that the cultural diversity, rights, views, values and expectations of diverse populations are respected in the delivery of culturally appropriate health services [7]. In our contemporaneous culturally and linguistically diverse societies, ‘this right can only be upheld if cultural issues are core business at every level of the health system—systemic, organisational, professional and individual’ [8]. Although substantial evidence suggests that Cultural Competence should work, health systems across all levels have little evidence about how to identify what mix of Cultural Competence strategies work in practice, when and how to implement them properly or how to measure successes.

Achieving health equity for Indigenous populations and other minority group is a challenging task. Current biomedical models of health and illness are limited and do not explain many forms of illness [9]. They are historically embedded in the arrogance of Western sciences and power networks and based on three flawed assumptions: (1) all illness has a single underlying cause; (2) disease (pathology) is always the single cause; and (3) removal or attenuation of the disease will result in a return to health [9]. These models exclude the documented inequalities in the distribution of health and healthcare in terms of culture, ethnicity, social class and gender. Evidence shows that reconsideration of such models is needed ‘to explain illnesses without disease and improve the organisation of health care’ [9]. However, as Dr. Pat Anderson AO, Aboriginal Australian social justice campaigner, tells us: ‘What the evidence tells us is the best approach to solving a particular problem is not always in line with what is the easiest, most popular or most accepted approach—it can indeed be ‘an inconvenient truth.’

This book, *Cultural Competence in Health: A Review of the Evidence*, is about the contentious and ‘slippery’ concept of culturally competent healthcare. It challenges some ‘inconvenient truths’, but uses the strength of evidence to make a difference in healthcare and its access and health outcomes. It is also about innovation in health delivery, power sharing and equity. This book provides reliable data in the field of culturally competent practice that is necessary for the development of policy, health services, professional development and health education and training through research. It provides policymakers, health practitioners, researchers and students with a much needed summary of what works to improve health systems, services and practice. It provides readers with a clear and systematic overview of the interventions and indicators applied to enable health system agencies and professionals to work effectively in various cross-cultural healthcare situations. The book highlights the importance of Cultural Competence and describes the current situation in the studied countries; identifies effective approaches and strategies for improving the situation; reviews the indicators for measuring progress; assesses the health outcomes associated with Cultural Competence; summarises the quality of the evidence; and presents an evidence-informed conceptual framework for more

Cultural Competence in health service delivery. It develops a new model: a multi-level Cultural Competence intervention implementation and evaluation framework. This innovation unquestionably has weaknesses; it is theoretical and yet untested. However, it strives to provide a fuller understanding of the multitude of factors that influence health at multiple levels.

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