



good food for
new arrivals

Cultural Competencies

Discussion Paper

December 2006



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Contents

1	Introduction	7
2	What is cultural competency?	8
3	Cultural competency in Australia	10
4	Levels of cultural competency	12
5	Framework of cultural competence	15
6	Incorporating cultural competence training	19
7	The local situation – Perth, Western Australia	23
8	Suggestions	26
9	Other recommendations	28
10	References	30
	Appendix 1	33
	Universities offering Nutrition and Dietetic courses in Australia	
	Appendix 2	35
	Case studies on intercultural misunderstandings	

Executive Summary

This discussion paper has arisen from the Good Food for New Arrivals program currently funded by the Family and Community Services, Stronger Families, Stronger Communities: Invest to Grow strategy. The initial *Good Food for New Arrivals* program identified that awareness, knowledge and skills in the area of cultural diversity needed to be strengthened and were integral to the success of the program. In particular, these cultural competencies were required in order to be able to draw nutrition champions from a variety of professional fields and the community; improve access to Australian health systems; and tailor nutrition messages to take into account cultural diversity. In addition, it was identified that the development of such skills was applicable to not only this program but were essential across professions and organisations within health, education and welfare systems.

This discussion paper provides:

- background information relating to cultural competencies drawn from relevant literature;
- discussion on possible approaches to developing cultural competencies;
- a framework of cultural competencies for Good Food for New Arrivals; and
- recommendations for the ongoing development of cultural competencies at the professional and organisational level.

Cultural competency is defined as a process that increases the capacity of an individual, profession or organisation to provide high quality tailored services and care to culturally diverse clients in culturally diverse situations. It encompasses the capacity to work with both colleagues and clients who are culturally diverse and incorporates knowledge, skills, attitudes, behaviours and policies. It involves practical changes to behaviours and systems and is about about empowering both service provider and client.

Cultural competency has traditionally focused on the individual but the concept has been broadened to include a systems wide approach that incorporates organisational, professional and systemic cultural competencies (Eisenbruch 2004).

The cultural competency framework provides one way to operationalise culturally competent care within complex systems. The framework outlined in this discussion paper has five major components: cultural desire; cultural awareness; cultural knowledge; cultural skill; and cultural encounters.

After engaging with nutrition and dietetic schools throughout Australia and consulting with a range of professionals from a broad array of disciplines the following recommendations are made:

Cultural competency framework for the Good Food for New Arrivals training program

The training program for *Good Food for New Arrivals* will, given the current lack of cultural competency infrastructure, be provided in a package as a one-off session or series of sessions where the primary targets are professionals and volunteers from a wide variety of backgrounds. Consideration should be given to ensuring that the training can be integrated as part of ongoing professional and organisational cultural competency programs or exist as a separate module in such programs.

The training will encompass the cultural competency framework and focus on individual and professional competencies in enhancing the capacity of individuals to undertake the role of 'nutrition champions'.

Nutrition and dietetic profession

In order to improve the cultural competency of the nutrition and dietetic profession a number of recommendations can be made. For entry-level dietitians, education institutions need to ensure:

- cultural competencies are made overt with skill development explicit for CALD individuals and groups;
- cultural competence be integrated into all aspects of problem based learning;
- a focus on skill development.
- For practicing dietitians, cultural competence needs to be an integral component of ongoing professional development both formally and informally.

Individual and organisational cultural competencies

Cultural competency is yet to become an integral component of organisational culture. Non-government and government organisations currently lack the resources to successfully integrate cultural competency into procedural and policy practice. It is recommended that funding be sought to develop an online, problem-based self directed learning package for individuals within an organisation. This package would:

- Encompass modules that will address a full range of current competency for individuals;
- Provide opportunities for cultural encounters that match an individual's assessment of their current competency; and
- Be linked to performance appraisal.

A similar guide to for organisations needs to be developed that includes a organisational self-assessment process, action plans to progress competencies and links to current accreditation practices.

1 Introduction

Good Food for New Arrivals is a nutrition program targeting newly arrived refugee families to Australia who have young children. The program has as a central tenet, community participation, and involves members of specific communities in conjunction with service providers in the development of nutrition resources. The resources are tailored to meet the needs of the community and therefore, take a variety of forms. The project was initially funded by the Commonwealth Department of Health and Ageing and is currently being funded by the Family and Community Services, Stronger Families, Stronger Communities: Invest to Grow strategy.

One of the key components of the program is the development of 'nutrition champions' from among service providers and community members. 'Nutrition champion' is defined as an individual or organisation who continues to highlight nutrition and subsequent health as a high priority for refugees while they are managing a range of settlement issues. The initial *Good Food for New Arrivals* program identified that awareness, knowledge and skills in the area of cultural diversity needed to be strengthened and were integral to the success of the program. In particular, these cultural competencies were required in order to be able to draw nutrition champions from a variety of professional fields and the community; improve access to Australian health systems; and tailor nutrition messages to take into account cultural diversity. In addition, it was identified that the development of such skills was applicable to not only this program but were essential across professions and organisations within health, education and welfare systems.

This discussion paper provides:

- background information relating to cultural competencies drawn from relevant literature;
- discussion on possible approaches to developing cultural competencies;
- a framework of cultural competencies for *Good Food for New Arrivals*; and
- recommendations for the ongoing development of cultural competencies at the professional and organisational level.

2 What is cultural competency?

The term cultural competency is the one that is gathering currency in a number of professional arenas but particularly within nursing and psychology circles. The definition of cultural competency most commonly used is:

a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals that enable that system, agency or those professions to work effectively in cross-cultural situations. (Cross et al. 1989).

Other definitions have incorporated tailoring service delivery to meet social, cultural and linguistic needs; being able to work effectively in culturally diverse situations and actively engaging in cross-cultural encounters (Bean 2005; Betancourt et. al. 2002).

In some cases, development of cultural competencies has been restricted to linguistic competency. Systems, organisations and individuals describe themselves as culturally competent if they have awareness, skills and policies relating to the use of specific language resources for those that do not speak English. Linguistic competency is an essential component of cultural competency but is not the only one.

Part of the difficulty in defining cultural competency is the fluidity of the components contained within the term. Culture, by its very definition, is constantly changing. Defined as integrated patterns of human behaviour culture includes sets of distinctive spiritual, material, intellectual, and emotional features of society or a social group. It can encompass language, thoughts, actions, customs, beliefs and institutions of racial, ethnic, social or religious groups (The California Endowment 2003; UNESCO 2002).

Culture does not remain static rather it constantly evolves for individuals and social groups. Features of culture include that it is:

- learned - transmitted from one generation to the next through observation and communication
- localised - created through specific interactions with specific individuals
- patterned - emerging from the repetition of specific behaviours and talk
- evaluative - reflecting core values in individual behaviours
- adaptive - changing over a lifetime in accordance with personal encounters with objects, situations and ideas (Bonder et al. 2001).

All these points are relevant for migrants and refugees but it is worthwhile to highlight the last point and keep in mind that the migrant/refugee experience has a significant impact on an individual's "culture".

Given this definition attempts in the past to teach culture have understandably met with limited success. What culture will you teach? Whose culture are you teaching? In what moment of history is that culture relevant? Culture is also often limited to ethnic or racial diversity but by its very definition it also applies to gender, sexual orientation, age, physical and intellectual capabilities. For the purposes of this discussion, the context for cultural competencies will be limited to ethnic diversity.

Competency is defined as aptitude, skill, proficiency, expertise and in the context of cultural competency replaces terms such as sensitivity and awareness. The ascendancy of competency over sensitivity and awareness is acknowledgement that there needs to be an active skills based component. There remains some disquiet regarding the term competency - critics point to the fact that a culture cannot be learned and that the term implies a finite mastery. Given the connotations of the term it is essential to highlight that cultural competency is:

- not a linear exercise with an end-point but rather a continuous process that occurs across a life-time;
- about converting knowledge and good intentions into practical changes to behaviour and systems that improve the quality of care cross-culturally;
- a mindful process that requires personal growth and commitment; and
- about empowering both the service provider and the client to work synergistically in the provision of quality care.

Cultural competency is the capacity of an individual, profession or organisation to provide high quality tailored services and care to culturally diverse clients in culturally diverse situations.

Cultural competency encompasses the capacity to work with both colleagues and clients who are culturally diverse.

Cultural competency capacity incorporates knowledge, skills, attitudes, behaviours and policies.

Cultural competency is:

- a process
- about practical changes to behaviours and systems
- requires personal growth and commitment
- about empowering both service provider and client

3 Cultural competency in Australia

Cultural competency in the United States is a concept and goal increasingly accepted as standard practice. In Australia, the concept has taken some time before being accepted as valid replacement for cross-cultural training generally undertaken over short, sporadic periods of time. There has been strong lobbying for the incorporation of cultural competencies into both undergraduate and postgraduate degrees across a broad spectrum of professions (Eisenbruch 2000).

Another term used in Australia is cultural safety. Cultural safety emerged from New Zealand as a concept in nursing that could be applied to the Maori population. In Australia, it tends to be limited to Indigenous communities but as a concept it has broader application. Cultural safety is defined as:

an environment which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening. (Williams 1999, p.213)

In Australia, there has been growing recognition that health and health care is a cultural construct and that beliefs regarding sickness and health vary across the community.

The need for individuals, professions, organisations and systems to effectively demonstrate their capacity to be aware of and develop skills in cultural diversity has recently been recognised by the Australian Commonwealth Government with the release of a series of guides for educators in managing cultural diversity (Department of Immigration and Indigenous Affairs 2005a; 2005b; 2005c). Within the health arena the National Health and Medical Council has recognised the growing importance in developing the cultural competence of staff involved in the development, provision and evaluation of health services in all areas of health provision. The guide, Cultural Competency in Health: A Guide for Policy, Partnerships and participation (2006) provides a model for cultural competencies within the health sector. This guide provides practical examples of cultural competency at work.

In response to this growing awareness the Australian Health Ministers' Advisory Council (2004) have developed a cultural respect framework for health services directed towards Indigenous Australians. The framework is predicated on the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Indigenous Australians.

It encourages the creation of culturally safe environments to promote equitable health outcomes. The final goals of embedding the cultural respect framework into health delivery of shared respect into health services and their delivery is the achievement of equitable health outcomes via:

- improved outcomes and quality;
- more efficient and effective services;
- expenditure reduction; and
- improved customer satisfaction. (Australian Health Ministers' Advisory Council 2004)

In effect, cultural safety is the outcome of cultural competence in that it extends beyond awareness and sensitivity to empower individuals and enable them to contribute to the achievement of positive outcomes (Bin-Sallik 2003). It relies on a code of conduct that stresses the need for cultural respect, irrespective of one's own ethnicity or level of advantage. At its heart is also an organisational commitment to change environments so that clients and staff are able to recognise elements of their own cultural backgrounds and an overall acceptance, understanding, respect and reflection of cultures which organisations serve (Ganguly 1999; Martin 1999).

Discussion

Is cultural competence the term that should be used in Australia?

What are its advantages?

What are its disadvantages?

What place does the concept of cultural safety have in the Australian context?

Discussion

What has been your experience of cross-cultural training?

Discussion

Are cultural competencies included in the training for your profession?

What core cultural competencies do you think are required by your profession?

4 Levels of cultural competency

Cultural competency has traditionally focused on the individual but the concept has been broadened to include a systems wide approach that incorporates organisational, professional and systemic cultural competencies (Eisenbruch 2004). In this model systemic cultural competence requires the development of effective policies, procedures, and monitoring systems as well as adequate resourcing, at the highest level. Systemic cultural competence incorporates all other levels of cultural competence. The most fundamental difference between systemic and other levels of cultural competence is the focus on cultural competence at the highest level reflected in adequate budgeting, policy and accountability (NH&MRC 2006).

Individual cultural competency

Individual cultural competency relates to knowledge, attitudes, values and behaviours that impact on the ability of an individual to actively engage with clients, communities and colleagues from different cultural backgrounds. The first component of individual cultural competence is developing an awareness of one's own culture, beliefs, values and behaviours and how these impact on interactions with others. Recognising personal bias, prejudice and assumptions regarding others who are different begins the process of continually challenging those assumptions and in so doing prevent the imposition culture onto another (Campinha-Bacote 2003b; Leininger 1998). Culturally competent individuals also demonstrate knowledge and understanding of cultural differences in attitudes, practices and beliefs, are accepting and respect those differences, resisting judgmental attitudes. Such individuals are also open and comfortable with cultural encounters (Purnell 2005). The National Health and Medical Research Council's (2006 pp39-40) guide to cultural competency break down individual competencies to three primary specifications:

- Self-reflection where individuals consider cultural and language issues and reflect on and adapt practice to ensure inclusivity;
- Information where individuals actively acquire and access information about communities and resources; and
- Education/ skills which take into consideration effective strategies, critical appraisal, identification and sensitivity of health issues.

Professional cultural competency

Professional cultural competency is where cultural competence is identified as important and integrated as a component of education, training and professional development. The profession provides standards to guide the working lives of individuals (Eisenbruch 2000). In the health arena nursing, especially in the USA, has been the front-runner in developing professional cultural competence through the development of an agenda centred on transcultural nursing. This agenda was driven by Leininger's (1998) model of cultural care which focused on the role of culture in the nurse/patient relationship. While Leininger's work underpins the development of cultural competency for professions it has been further enhanced to de-emphasise the focus on the "other" which has the potential to propagate and maintain stereotypes rather than challenge them. In teaching race, gender and class to nursing students Abrums and Leppa (2001) identify the importance of increasing sensitivity to the complexities of oppression and discrimination in the health system. From a professional perspective there is some criticism of cultural competency with some indicating that the jargon used focuses too much on performance and not on people, with the client notably absent from any competency assessments (Eisenbruch 2000).

From a professional perspective the NH&MRC guide (2006, p.37) states that professional bodies need to include cultural competency in entry level education and provide members ongoing access to opportunities for generic and specific continuing professional development in the area. A culturally competent profession also ensures the development of generic skills to counteract development of stereotypes; disseminates information on specific CALD groups to increase the confidence of professionals; and develops cultural competency standards.

Organisational cultural competency

Organisational cultural competency requires organisations to have a defined set of values, beliefs and demonstrated behaviours, attitudes, policies and structures that enable them to work effectively across cultures (National Center for Cultural Competence 2005b). Culturally competent organisations are able to demonstrate a capacity to value difference and diversity (as opposed to manage diversity), adapt to changes in the dynamics created by diversity, and acquire and institutionalise cultural knowledge. In other words, cultural competence enables an organisation to provide access to quality services regardless of ethnicity, gender orientation, language proficiency, age or other cultural variation (Betancourt et al. 2005).

At a practical level a culturally competent organisation needs to:

- understand and continue to build a knowledge base regarding the communities they serve;
- understand and incorporate into practice socio-cultural influences on individual beliefs and behaviours;

- identify the need for and undertake self assessments in the area of cultural competence;
- institutionalise and incorporate cultural knowledge into policies, procedures, practices, and service delivery models;
- engage and involve consumers, key stakeholders and communities at all levels systematically and meaningfully;
- continually monitor and adapt delivery of services to maximise access and reduce potential barriers - underlying this is an understanding and attitude that one size does not fit all
- incorporate cultural competency into orientation programs for staff and provide ongoing access to resources and training
- recognise that culturally diverse work teams and leadership are integral to providing environments that are culturally safe incorporating:
 - changing physical environments (artwork, signage, meals);
 - facilitating easy access to translating and interpreting services;
 - providing access to cultural brokers who are able to mentor employees unfamiliar with the cultural background of clients (Betancourt et al. 2002; Betancourt et al. 2005; National Center for Cultural Competence 2005a; NHMRC 2006; Purnell 2005;).

Individual cultural competency relates to knowledge, attitudes, values and behaviours that impact on the ability of an individual to actively engage with clients, communities and colleagues from different cultural backgrounds.

Professional cultural competency is where cultural competence is identified as important and integrated as a component of education, training and professional development. The profession provides standards to guide the working lives of individuals.

Organisational cultural competency is the capacity to provide access to high quality services across diverse cultural backgrounds. It encompasses an approach which facilitates the development of: culturally safe physical and linguistic environments; meaningful data collection; diverse work teams and leadership; service delivery systems that are flexible and adaptable; policies, procedures and strategies that have incorporation of cultural diversity as a central tenet.

5 Frameworks of cultural competency

A number of frameworks for developing cultural competency have emerged from within the growing literature on the subject. Critics of cultural competency models argue that such models assume homogeneity and encourage an “us and them” mentality (see for example, Cortis 2004). However, in this instance the definition of cultural competency is such that it presumes a positive integration of diversity, difference and multiculturalism within a system of care and avoids universal and normative standards that reference the “average person” (Chin 2004). The framework provides one way to operationalise culturally competent care within complex systems.

The framework outlined in this paper can also be equated with a more psychological model for cultural competencies which postulates that individuals must possess the cognitive dimension (knowledge), the affective dimension (sensitivity) and the behavioural dimension (skill) in order to interact effectively with those who are culturally different from themselves (Graf 2004; Synder and Stukas 1999).

The framework used in this discussion paper draws on those proposed by Papadopoulos, Tiki and Taylor (2004) and Campinha-Bacote (1999; 2003).

Developing cultural desire

Campinha-Bacote (1999) describes cultural desire as the genuine and authentic motivation by the individual to ‘want to’ engage in the process of cultural competence rather than ‘have to’. Only in engaging with the process from this position will there be active and progressive change in beliefs, attitudes and practices. Cultural humility works in concert with this concept of cultural desire and is defined as a lifelong commitment to self-evaluation and self-critique and to redressing the power imbalances in the patient-professional dynamic (Tervalon and Murray-Garcia 1998).

The challenge lies in engendering the desire/humility within individuals to begin the process. For some individuals growth within the area of cultural competency will be a natural extension of their roles. However, for other individuals it will require a combination of systemic, organisational and professional influences in order to provide initially a ‘have to’ motivation which ideally then moves to ‘want to’ motivation.

Cultural awareness

The process of cultural competence begins with individuals and organisations examining personal values and beliefs. It involves a deliberate cognitive approach whereby there is

development of an awareness of one's own culture, existence, sensations, thoughts and environments. In so doing there is examination of cultural values, beliefs and practices in order to reduce the risk of cultural bias, cultural conflicts and the imposition of inappropriate or unethical care (Caffrey et al. 2005; Campinha-Bacote 1999, 2003a, 2003b; Papadopoulos et al. 2004; Purnell 2005). By beginning the process in this manner it is clear:

That each individual must acknowledge not only otherness in all its forms but also the plurality of his or her own identity, within societies that are themselves plural. Only in this way can cultural diversity be preserved as an adaptive process and as a capacity for expression, creation and innovation. (UNESCO 2002)

Individuals and organisations are all at different stages in this process of self-reflexivity and awareness. Any training program addressing the needs of culturally and linguistically diverse clients in order to provide a basis on which there is ongoing knowledge acquisition, skill development and advocacy should, however, include a cultural awareness component. As cultural awareness involves examining beliefs, attitudes and value systems it is essential that this component is undertaken sensitively, with adequate support incorporating a debriefing process.

Cultural knowledge

Defined as the process of seeking and obtaining a sound educational foundation concerning the various world views of different cultures acquiring knowledge is a central tenet for the development of cultural competencies. (Campinha-Bacote 1999; Papadopoulos et al. 2004). The educational foundation includes an understanding of:

- communities being served;
- socio-cultural influences of individual health beliefs and behaviours; and
- how these factors interact with the health care system in ways that may prevent diverse populations from obtaining quality health care (Welch 2004).

Failure to recognise cultural differences, a feeling that these differences are not significant, or that attention to individualised care will transcend them can result in discrimination which may be either intentional or unintended (Purnell 2005).

Food is an integral part of life, physically, spiritually, emotionally and mentally. As a cultural marker it defines our belonging to or separateness from a group. Food preferences are also influenced by world view, health beliefs but also by individual inclination, migration history, gender, age and a host of other factors.

The knowledge component for *Good Food for New Arrivals* centres around food and nutrition issues for newly arrived refugees in Australia and takes into consideration:

- 'traditional' foods and eating patterns;
- the refugee experience and its impact on food consumption;
- physical, social and economic barriers to acquiring food in Australia; and
- nutritional health issues upon arrival and after settlement.

While these are considered in general terms the underlying principle is enhancing knowledge of health, welfare and education professionals that will assist in the ability to gather information about food, nutrition, and food security from individual clients (Bonder et al. 2001). Gathering information in such a way necessitates the development of cultural sensitivity in order to establish trust and rapport to facilitate the delivery of holistic, culturally appropriate care. This approach requires the development of high level interpersonal skills, understanding of verbal and non-verbal communication, the challenging of power relationships and mutual respect. The primary aim should be to reduce the risk of ethnocentricity, stereotyping and the potential for misunderstanding (Campinha-Bacote 1999; Papadopoulos et al. 2004).

Cultural skill

Cultural skill describes the ability to combine awareness and knowledge in the gathering, interpretation and incorporation of culture-specific understandings into primary, secondary and tertiary healthcare settings. Bonder (2001) suggests these skills fall into three categories for effective intercultural interventions:

- scientific mindedness - culturally effective providers form hypotheses prior to gathering information and develop creative ways to test these hypotheses;
- dynamic sizing skills - culturally effective providers recognise situations in which to generalise or individualise when interacting with clients;
- culture-specific expertise - culturally effective providers know and understand their clients' cultural groups, the environments in which they live and intervention strategies useful to working with such clients.

In these settings such skills result in the ability to:

- collect relevant data to avoid cultural blind spots;
- undertake culturally sensitive assessments including the use of interpreters when required; and
- recognise and challenge racism, other forms of discrimination and oppressive practices.

Cultural encounters

Actively interacting with others from culturally diverse backgrounds consolidates, refines and modifies existing beliefs and knowledge about particular groups as well as enhances skills in inter-cultural engagements (Campinha-Bacote 1999). A willingness and confidence to actively engage with others from different cultural backgrounds is also integral to improving access and equity within services and in providing quality care.

The cultural competency framework provides one way to operationalise culturally competent care within complex systems. The framework outlined in this discussion paper has five major components.

Cultural desire – the authentic desire to ‘want to’ engage in the process of cultural competence rather than ‘have to’.

Cultural awareness – beginning with the ability to reflect on an individual’s own culture and in so doing examine cultural values, beliefs and practices in order to reduce the risk of cultural bias, cultural conflicts and the imposition of inappropriate or unethical care.

Cultural knowledge - is defined as the process of seeking and obtaining a sound educational foundation concerning the various world views of different cultures acquiring knowledge is a central tenet for the development of cultural competencies.

Cultural skill - describes the ability to combine awareness and knowledge in the gathering, interpretation and incorporation of culture-specific understandings into primary, secondary and tertiary healthcare settings.

Cultural encounters – encourages active interaction with others from culturally diverse backgrounds to consolidate, refine and modify existing beliefs and knowledge about particular groups as well as enhance skills in inter-cultural engagements.

Discussion

What do you need to build your individual cultural competence?

Do you think your training was adequate to meet the needs of culturally diverse clients?

What changes need to be made in your workplace to increase the level of cultural competence?

6 Incorporating cultural competence training

Cross cultural training

Cross cultural training has been identified as the most common strategy for developing organisational, professional and individual cultural competence. Training can be broadly categorised into three models: communication and general awareness training; country specific training; and training in working with interpreters and translators. In looking at the effectiveness of cross-cultural training Bean (2005) identifies the approach taken, delivery methods, training design and the effectiveness of trainers as key areas.

In their evaluation of cultural awareness training for New South Wales Health, Dench McClean (1999) highlight that the combination of poor design and materials, ineffective trainers, and inadequate top level support where training is not linked to strategic goals resulted in poor outcomes.

Key points that have emerged are:

- Cross-cultural training is a complex and long-term process. Information components are generally well-received and can be developed over a relatively short period of time but changing attitudes and sensitivities requires gradual and progressive engagement (Bean 2005; Graf 2004).
- Training programs should be based on adult learning principles and include a variety of approaches but should favour more experiential approaches. Tools such as models, simulations, case studies and activities were preferred over checklists and tip sheets (Bean 2005).

Discussion

What has been your experience of cross-cultural training?

Discussion

Are cultural competencies included in the training for your profession?

What core cultural competencies do you think are required by your profession?

Cultural competence within nutrition and dietetic schools in Australia

This section provides an example of one profession nutrition and dietetics, mainly due to its relevance to the *Good Food for New Arrivals Project*. The information provided here and the recommendations made could be gathered and applied to other professions.

Nutrition and dietetics as a discipline is taught at eleven universities within Australia with representation in all major centres except Darwin. Courses are accredited by the Dietitians Association of Australia (DAA) and completion of the course qualifies graduates to DAA membership and practice within Australia. Competency standards have been in use by the profession since 1993 and have been broadly defined as the possession and development of sufficient skills, appropriate attitudes and experience for successful performance of life roles (Ash and Phillips 2000). The national competency standards were updated in 2000 after consultation with practicing dietitians. At this time core activities and underlying attributes new graduates described as necessary in the area of cultural competence included knowledge of influence of cultural background on food choices, communication and counselling skills, rapport-building and cultural awareness (Phillips et al. 2000a, 2000b). The competencies were further reviewed in 2005 and outline eight standards of competency which graduates must meet in order to be deemed competent (Dietitians Association of Australia 2005).

Core fields of study recommended by the competencies for institutions of study that specifically deal with cultural diversity include:

- nutrition needs of various community groups and the nutrition problems of specific at-risk groups;
- food habits of common ethnic or cultural groups in Australia; and
- influence of cultural issues on food choice.

These fields of study are not compulsory but it would appear that the majority of schools incorporate these to varying degrees. As has been previously described in nursing curricula, for the majority of schools the prevailing theme is that diversity and the way culture influences practice is embedded within a predominantly experiential modality of learning (Eisenbruch 2000).

Contact was made with ten of the eleven universities offering nutrition and dietetics in Australia with responses received from seven. Due to the varying level of detail available regarding coursework and competencies within nutrition and dietetic courses it is difficult to gauge the level of cross-cultural competency embedded within courses. As a generalisation it could be commented that cross-cultural competency is implicit within core objectives and outcomes rather

than overt. In other words, dietetic courses throughout Australia focus on building generic skills in working with diverse individuals and groups, counselling, communication and education. Most courses are embedded in frameworks with a strong focus on primary health care principles including equity, respect and empowerment. However, these generic skills need to have a stronger practical focus on working with culturally diverse individuals and communities. The universities offering courses are outlined in Appendix 1.

In the USA, accreditation standards for dietitians, require education programs to provide curricula for students to acquire knowledge of health behaviours and educational needs of diverse populations; sociocultural and ethnic food consumption issues and trends; the influence of socioeconomic, cultural and psychological factors on food and nutrition behaviour. In addition, skills and competencies are required in translating nutrition needs into food choices and menus for people of diverse cultures and religions; providing and managing nutrition care for people of diverse cultures and religions across the lifespan. These typically translate into course work focussing on cultural foods, nutrition counselling for diverse groups and developing nutrition education materials for different cultures (Private communication, Genny Trinko, American Dieticians Association 2006).

Dr Roger Hughes is the leading expert on the development of competencies for dietitians and nutritionists within Australia, in particular he has proposed the development of specific competencies for those engaged in the area of public health nutrition. Hughes (2005) has outlined the competencies required for public health nutrition which includes implicitly an understanding of cultural diversity. Overtly, cultural competence is listed as separately under professional and communication as “utilises appropriate methods for interacting sensitively, effectively and professionally with persons from diverse backgrounds, ages and preferences (np)”.

More recently, DAA, in conjunction with Diabetes Australia have investigated the needs for nutrition information for culturally and linguistically diverse communities. The core recommendation made by the report was the development of cultural competency including:

- increasing access to education at the undergraduate, postgraduate and ongoing professional development level to increase cultural competence of the workforce;
- increasing access to health services and health information for people from CALD backgrounds; and
- advocating for culturally and linguistically appropriate counselling and support programs in both the health system and community based welfare services (Diabetes Australia 2005).

Discussion

Are cultural competencies included in the training for your profession?

What core cultural competencies do you think are required by your profession?

7 The local situation - Perth, Western Australia

While this section illustrates the situation for a local area the information gathered and recommendations made could have application in other areas. Representatives from the state health system, health based non-government organisations and education sector were interviewed to gain a perspective on cultural competencies within the Perth metropolitan area. They are not meant to be representative of all sectors but provide some insight into some of the issues.

Common issues

Across all sectors there was recognition that staff varied in their level of experience with regard to working with both culturally diverse clients and staff. In the past cross cultural training had been limited to being able to use an interpreter effectively. Any initiatives needed to recognise this diversity of experience and be able to provide:

- broad based learning objectives that addressed values, beliefs and skills;
- problem-based experiential learning environments to cater for all levels.

There was growing recognition that cross-cultural training offered as a half-day or one-day package was inadequate in developing cultural competence and that any development of cultural competencies needed to be linked to annual performance appraisals. In addition cultural competence should:

- be included as an essential criteria on job description specifications;
- not be restricted to particular sectors of the workforce but should be offered globally irrespective of:
 - o cultural background;
 - o position within the organisation;
 - o employee or volunteer status; and
 - o length of service.

In order to fulfil the criteria for developing competence there should not be reliance on any one mode of delivery. Instead, in order to manage time constraints the majority of information should be made available in readily accessible forms including online and/or as paper-

based initiatives. This self-directed learning however needs to be supplemented with field trips, workshops and interactive panel discussions to further enhance the development of competencies.

The Western Australian government health service

Western Australia has a Language Services in Health Care Policy Guidelines, written in 1993, updated in 2001 and currently under review. This policy focuses entirely on language competency and states that clients have the right to request a professional interpreter to communicate in a health care unit. All public sector health care units are required to establish and adopt a language service policy to ensure safety and quality of health services.

In 2000, the North Metropolitan Health Service undertook a best practice quality management project looking at cultural competence in healthcare (Cohen and Redfern 2000). Some of the recommendations made by the project related directly to the Multicultural Access Unit. This unit was disbanded by the State government in 2003. The project developed a series of competencies relating to six core areas including: background knowledge; risk identification; communication; culture; resources and personal development. To support these competencies a competency checklist was developed that was designed for completion by the employee in conjunction with their supervisor with a review three months after completion and annually thereafter. The competencies were designed for a wide range a staff (Cohen and Redfern 2000). Other recommendations made by the project included changing documentation to further highlight the need for an interpreter and developing a teaching package to accompany the competencies. There is no available evidence to suggest the operationalisation of these competencies or recommendations.

The comments and experiences by the organisations interviewed supported the recommendations made by Papadopoulos (2004). These included:

- there needed to be an whole of organisation approach to cultural competency;
- that organisational cultural competency required building of individual competencies as well as changes made at the policy level;
- cultural competency needed to be undertaken in environments where staff felt safe and supported;
- training and skill development needed to delivered according to a clear framework;
- there needs to be adequate time and process for debriefing; and
- recognition that facilitating cultural competency is a complex process that is premised on achieving attitudinal shifts which are often difficult to achieve.

Discussion

What is the situation in your local area?

What is the commitment to cultural competence from a systemic viewpoint?

How does your organisation approach cultural competency?

What advocacy needs to happen in your local area to get cultural competency on the agenda?

8 Suggestions

Implications for Good Food for New Arrivals

Some of the issues raised in this background paper are beyond the scope of *Good Food for New Arrivals* program. However, it was essential to raise them in order to understand the context in which the project is required to operate. This section will outline the direct implications for *Good Food for New Arrivals*, in particular with relation to the development of the training program.

In addition, recommendations will be made regarding the ongoing development of professional and organisational cultural competencies

Understanding the terminology

Despite the term “cultural competence” being poorly understood the suggestion is for that terminology to continue to be used. Any other expression fails to recognise the combination of attitudes, beliefs, skills and encounters that are required. Given the misunderstanding surrounding the term it is recommended that *Good Food for New Arrivals* continues to increase awareness surrounding cultural competencies at the local organisational level, via the steering group; and more broadly via the Association for Services to Torture and Trauma (ASeTTS) website (www.asetts.org.au) and newsletter.

Cultural competency framework for the Good Food for New Arrivals training program

The training program for *Good Food for New Arrivals* will, given the current lack of cultural competency infrastructure, be provided in a package as a one-off session or series of sessions where the primary targets are professionals and volunteers from a wide variety of backgrounds. Components of the program may also be integrated into the *Families in Cultural Transition* program. Consideration should be given to ensuring that the training can be integrated as part of ongoing professional and organisational cultural competency programs or exist as a separate module in such programs.

The training will necessarily focus on individual and professional competencies in enhancing the capacity of individuals to undertake the role of ‘nutrition champions’.

The recommendation is for the *Good Food for New Arrivals* training to encompass the cultural competency framework and include aspects that relate to:

- Awareness
 - o Activities that increase awareness of each individual's culture especially in relation to food.
- Knowledge
 - o Information on conditions in countries of origin
 - o Information on general aspects of the refugee experience and how this can impact on
 - ⊙ Access to the health system
 - ⊙ Access to the food system
 - o Information on how food and foodways are altered by the refugee experience
 - o Information on culturally specific foods, how they are eaten, where they can be found
 - o Information on nutrition issues encountered by refugees particularly in relation to breastfeeding and the introduction of solids.
- Skills
 - o Working with refugees with respect to food
 - o Using the resources in innovative ways in order to tailor nutrition messages
 - o Using interpreters
- Encounters
 - o Participants should have the opportunity to touch and taste foods unfamiliar to them
 - o A member of the showcased community should be paid to give a case study example

Based on best practice the training program needs to also embrace adult learning principles, incorporate problem based learning as a strategy and be experiential.

9 Other recommendations

Dietetic Professionals

In order to improve the cultural competency of the nutrition and dietetic profession a number of recommendations can be made. For entry-level dietitians, education institutions need to ensure:

- cultural competencies are made overt with skill development explicit for CALD individuals and groups;
- cultural competence be integrated into all aspects of problem based learning;
- there is a focus on skill development and in particular on:
 - o the effective use of an interpreter in gathering information from and providing nutrition information to individual clients and groups of clients who do not speak English;
 - o developing menu cycles for food service where a minimum of one-quarter of clients are from CALD backgrounds;
 - o adapting menus for clients in acute care settings to reflect cultural and religious diversity;
 - o developing nutrition education materials for individuals and groups from CALD backgrounds.

In order to achieve this it is recommended that funding be pursued to develop:

- A “how to” guide for nutrition and dietetic educators on integrating cultural competence into curricula;
- A web based self directed short course for graduates in developing cultural competence;
- A suite of problem based learning scenarios for use by educators.

For practicing dietitians, cultural competence needs to be an integral component of ongoing professional development both formally and informally. This will be facilitated by the introduction of the CALD special interest group. Such initiatives could include:

- Providing an online guide for developing cultural competence as part of continuing professional development (CPD) generally and as a requirement for Accredited Practicing Dietitian status;
- Including cultural competence as part of the CPD modules included in the *Journal of Nutrition and Dietetics*;
- Developing a cultural competence self assessment;
- Providing a web-based clearing house for resources directed at culturally and linguistically diverse communities and individuals.

Organisational cultural competencies

Cultural competency is yet to become an integral component of organisational culture. Non-government and government organisations currently lack the resources to successfully integrate cultural competency into procedural and policy practice. It is recommended that funding be sought to develop an online, problem-based self directed learning package. This package would:

- Encompass modules that will address a full range of current competency for individuals;
- Provide opportunities for cultural encounters that match an individual's assessment of their current competency; and
- Be linked to performance appraisal.

For organisations a similar guide to cultural competency needs to be developed that includes a self-assessment process, action plans to progress competencies and links to current accreditation practices.

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Appendix 1:

Universities offering Nutrition and Dietetic courses in Australia

University	Nutrition/Dietetic courses	Length of course	Contact/Response
Charles Sturt University, Wagga Wagga	Bachelor of Health Science (Nutrition and Dietetics)	4	N/N
University of Newcastle	Bachelor of Health Science (Nutrition and Dietetics)	4	Y/N
University of Sydney	Master of Nutrition and Dietetics	2 (post BSc)	Y/N
	Bachelor of Science (Nutrition) Honours in Clinical Nutrition and Dietetics	4	
Wollongong University	Master of Science (Nutrition and Dietetics)	2 (post BSc)	Y/Y
	Master of Nutrition, Dietetics and Exercise Science	2 (post BSc)	
	Bachelor of Nutrition and Dietetics	4	
Curtin University of Technology, Perth	Bachelor of Science (Nutrition)	3	Y/Y
	Postgraduate Diploma in Dietetics	1	
Deakin University, Melbourne	Bachelor of Nutrition and Dietetics	4	Y/Y

Monash University, Melbourne	Bachelor of Nutrition and Dietetics	4	Y/Y
Flinders University	Master of Nutrition and Dietetics (Post BSc)	2	Y/Y
Griffith University	Master of Nutrition and Dietetics (post BSc)	1.5	Y/Y
Queensland University of Technology	Bachelor of Health Science (Nutrition and Dietetics)	4	Y/Y
University of Canberra	Graduate Diploma of Nutrition and Dietetics	1	Y/N
	Master of Nutrition and Dietetics	2 (post BSc)	

Appendix 2:

Case studies on intercultural misunderstandings. Adult Migrant Education Service, Home Tutor Scheme. 2006

Case study 1

A home tutor volunteer demonstrating the word “top” touches the top of the Thai student’s head. The Thai student is obviously displeased and becomes very quiet for the rest of the session.

Why do you think the student was quiet?

Is there anything we could do to avoid similar problems?

Case study 2

A volunteer tutor is working with a group of students who want to practice English. The people in the conversation groups are discussing their children. One lady says that her family always speak Arabic at home. The tutor interrupts and comments ‘You should try to speak English at home, after all your children will need English at school’.

What are the tutor’s ideas?

How do you think the lady from Iraq would feel?

What issues are raised by this example?

Case study 3

A Chinese student asks a new home tutor a number of questions. Where does he live? What is his job? What is his salary? The tutor answers but feels uncomfortable.

What has lead to the miscommunication?

Can you suggest possible ways to resolve this problem?

