

Hawaii Behavioral Health

Cultural Competency

Diversity Plan

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Cultural Competency & Diversity Plan 2013-2015

Hawaii Behavioral Health CULTURAL COMPETENCY & DIVERSITY PLAN

The purpose of HBH's cultural competence and diversity plan is critical to reducing health disparities and improving access to high-quality health care, health care that is respectful of and responsive to the needs of diverse clients to ensure efficient service delivery and business practices. Culture is often described as the combination of a body of knowledge, a body of belief and a body of behavior. It involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to culture, age, gender, sexual orientation, ability, spiritual belief, socioeconomic status, and language. The HBH's cultural competence and diversity plan is designed to have a positive effect on service delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse clients.

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Date: 2/4/2013

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Date: 2/11/2013

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Date: 2/13/2013

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Hawaii Behavioral Health (HBH) is profoundly committed to being a culturally competent and diversified organization. Hawaii is the nation's most ethnically and culturally diverse state and the organization is deeply rooted in the tapestry of this diversity. The original programming of the organization was designed to train paraprofessionals to provide social services to their own communities. As we have grown into one of only two statewide providers of children's mental health services, we have maintained our strong commitment to reflecting the communities we service.

HBH recognized the impact of culture on successful outcomes and the need for a flexible, non-institutional system of service delivery. Therapists, case managers, family support specialists and paraprofessionals are hired from the communities they service. We actively recruit and work to retain individuals reflective of the communities we serve. All staff appreciates and respect local norms and customs and are aware of the various options offered by the various modalities of therapeutic intervention. Staff receives regular training in cultural sensitivity and support in the expression and recognition of their own cultural values and beliefs. Administrative attitudes encourage diversity within a nurturing and non-judgmental environment to promote an optimum level of staff well-being. HBH strives to foster a culturally sensitive environment for its staff so that the company models the types of interaction we expect our staff to have with clients.

To enhance the needs of persons served in regards to:

Culture

- Include cultural competency requirements in job descriptions
- Ensure the facility's location is accessible and respectful of cultural differences
- Collect resource materials on culturally diverse groups for staff to use
- Build a network of natural helpers, community "informants," and other "experts"
- Avoid qualifiers that imply that all members of specific ethnic groups or races are the same, e.g., suggesting that all persons of a certain ethnicity are good at athletics or math
- Avoid language that has questionable racial or ethnic connotations, e.g., "you people," or "those foreigners."

Age

- "Date of birth" is not job application forms, concentration are placed on skills and ability instead.
- A mixed-age interview panel in the selection process is used whenever possible. Interviewers ask job-related questions, and do not base hiring decisions on prejudice or stereotypes.
- Job advertisements are placed where they will reach workers of all ages.
- Age is mentioned only when it is relevant.

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- People of all ages are permitted to speak for themselves rather than assuming to know what they want.
- Avoid making inappropriate assumptions about people based on their age.

Gender

- Convene informal brown bag lunches to engage program personnel in discussions and activities that offer an opportunity to explore attitudes, beliefs and values related to cultural and gender diversity
- Gather and organize resource materials related to cultural competency and gender specificity for use by program personnel
- Build a network of natural helpers, community "informants," and other "experts," who have knowledge about the cultural and gender specific issues of the persons served in the program
- Use gender-neutral words/phrases in your language, e.g. journalist, fire fighter, chairperson. Avoid the use of "man" or "woman" in job titles.
- Address both female and male perspectives with phrases like "employees and their spouses or partners." Use pronouns and references that include both genders instead of only male, e.g. "he/she" or "women/men."
- Avoid describing men by profession and women by physical attributes.
- Use "gender" rather than "sex" to differentiate between men and women.

Sexual Orientation

- Use "sexual orientation" rather than phrases like "the gay lifestyle" or "sexual preference."
- Inclusion of GLBT topics in multicultural psychosocial education as appropriate
- Create and establish safe zones that allow people to come together and support one another regardless of their orientation, creating an atmosphere of acceptance and fostering dialogue. A safe zone is designated with a sticker or poster that indicates that the person who has posted it understands, and is supportive and trustworthy regarding GLBT issues.
- Addressing any impact that being GLBT may have on communication, employment, or the pursuit of a client's education
- Developing your library and resource materials to ensure a GLBT friendly environment, or the pursuit of a client's education
- Use the phrase "partner or spouse".
- When discussing families, be inclusive of families that are headed by same gender partners or lesbian, bisexual, gay, or transgender single parents and recognize the presence of LBGT youth in families.
- When using the terms "diversity" or "multicultural," and reference is made to specific groups, include lesbian-bi-gay-transgender persons in such statements.

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Ability Status

- When using the terms "diversity" or "multicultural," and reference is made to specific groups, include lesbian-bi-gay-transgender persons in such statements.
- Use "person first" language, e.g., "person with a disability," "student with a disability."
- Avoid using the term "disability" as an adjective, e.g. the disability community.
- Avoid using adjectives as nouns, e.g. "the deaf, the blind, the disabled." Rather, use "people who are deaf."
- Plan for and provide alternate forms of communications at events and gathering. This might include having interpreters, providing written materials in print format or in Braille, or providing oral interpretation for all visual information.

Spiritual Belief

- Recognize the religious beliefs are common
- Understand the impact that it may have on health-related decisions and behaviors. 61% of Americans state that their religion is the most important influence in their daily lives (Gallup, 1990). Patients undergoing inpatient or outpatient medical treatment express strong religious and spiritual orientations (Maugans, 1991, King, 1994).
- Clinicians are aware of the more common health beliefs of religious groups so they will be able to better counsel and care for their clients and families. Health beliefs vary according to to, education, and experience. Religious beliefs can be very strong and can be the deciding factor in many decisions.

Socioeconomic Status

- Understand that access to care may be an issue; there is a system structural and financial barrier that prevents high-quality care.
- Safe care is difficult, more medical errors occur with great clinical consequences.
- Evidence-based care is less likely and lower socioeconomic statuses are less likely to receive preventive health services and more likely to wait for the same procedure.

Language

- Have a policy in place regarding the provision of language services
- Interpreters should be assessed for their language proficiency in both English and the target language
- Staff is provided ongoing training on how to access language services and trained on how to work with an interpreter.
- Safety and quality leaders dialogue with language service coordinators and diversity officers about the impact of culture and language on client safety.

Accomplishments 2012

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- Increased materials in various forms of language
- Conducted 4 trainings on multiple islands
- Increased staff that provide services in multiple languages and from a variety of cultures

Goals for 2013-2015

- A uniform framework for the collection of data on age, gender, sexual orientation, spiritual belief, race, ethnicity, and language is collected annually.
- Increase trainings from 4-6 on multiple islands to 4 of each island
- Continue to increase staff who are able to speak in multiple languages

Resources

The Society of Human Resource Management www.shrm.org

National Center for Cultural Competence nccc.georgetown.edu

U.S. Department of Health and Human Services
www.hrsa.gov/culturalcompetence/index.html

Office of Minority Health, U.S. Department of Health and Human Services
www.thinkculturalhealth.hhs.gov

Human Rights Campaign www.hrc.org/resources/entry/lgbt-cultural-competence