

Culturally Responsive Care

Social Factor

Culturally Responsive Care: Definition

Health care that is responsive to the cultural needs of patients is critical to ensure that all community members live their fullest and healthiest lives. The current health care system is working to be responsive but has work to do to meet the needs of all patients. Specifically, community members wanted more providers who share their cultural background, more community health workers who can assist patients in navigating the system and living their healthiest lives, and information provided in more languages than English and Spanish.

What's Being Done

HCWC members are addressing this core issue through:

- Contracting with culturally specific providers
- Supporting the Oregon Community Health Workers Association
- Integrating traditional health workers into the health care delivery system
- Conducting internal training for providers and organization leaders
- Providing grants to community-based organizations to support culturally specific programs

“...lack of culturally responsive and affirming care, which in turn creates a culture of distrust and disdain towards health and institutions.”

- Town Hall Participant

Access to Culturally Responsive Care

Participants in town halls and listening sessions discussed how providers lack the bilingual and bicultural backgrounds necessary to serve all communities in the region, particularly in the mental health sector. They described limited culturally responsive services, culturally relevant information, and linguistic resources available across the region. In some areas of the region, this is particularly true, with community members who travel great distances to access services that are culturally and linguistically responsive.

Language

When self-reporting about health status, health behaviors, access to care, and timeliness of care, Hispanic adults who responded to a survey in Spanish were more likely to report worse health status. Compared with people who responded in English, they more often lacked health insurance, did not have a personal doctor, and postponed seeing a doctor because of the cost of care.⁶⁸ Older individuals with limited English proficiency are more likely to have no usual source of health care, report lower self-rated health, and report feeling sad most or all of the time compared with older individuals who only speak English.⁶⁹

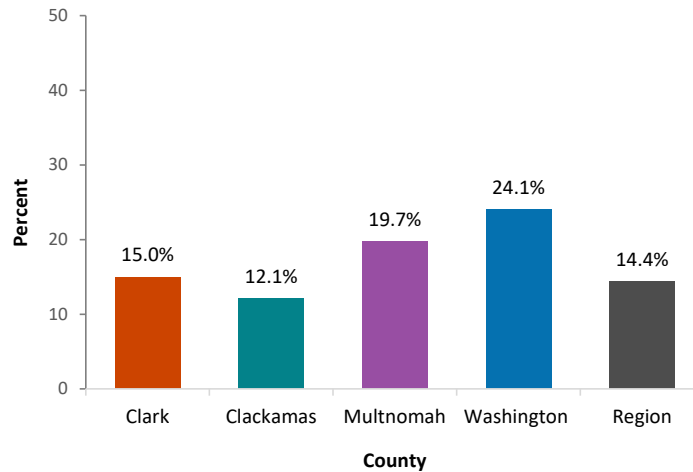
Participants from the Hispanic/Latino community described being turned away by health care providers because of discrimination due to lack of insurance and language barriers.

Participants cited language barriers and a lack of translators as significant challenges to health.

Language (continued)

Across the region, the percentage of the population that speaks a language other than English at home varies by county, with Washington County having the highest proportion at 24% (see Figure 30). Forty percent of listening session participants who completed a brief demographic survey reported speaking either English and another language, or a language other than English, at home.

Figure 30. Percentage who speak a language other than English at home.



Source: American Community Survey 5-year estimate 2012-2016.

Spanish-speaking listening session participants described being turned away by providers because they require non-English services, noting language barriers make everything in their lives more difficult. Other participants whose primary language was not English mentioned relying on their children or family members to be their translators, both because of a fear of inaccurate translation services, and a lack of trust that translators will maintain confidentiality within their larger community. Non-English-speaking participants emphasized the need for translators who were not fellow community members to help ensure privacy. The inability to access emergency services in languages other than English was noted as a specific challenge for non-English-speaking communities.

“There is a lack of culturally-specific and language-specific programs to improve adjustment and integration into the system.”
– Listening Session Participant

Also vital is empowering people by enabling communication in their own languages, creating space for cultural expression. Participants at the Iraqi/Syrian listening session noted the lack of certified training programs for Arabic-speaking community health workers as a challenge in increasing this workforce for their community.

Provider Education and Resources

There is a lack of provider education about how to work with people who are culturally different from them. A reliance on stereotypes, and a failure to address cultural aspects of health concerns such as nutrition or mental health, are associated with feelings of cultural insensitivity and a lack of trust in health institutions. Information and resources are often not available in non-digital form or are available only in English. Or, if materials are available in non-English languages, sometimes the translations are not good or accurate.

Lack of translation resources, targeted resources, and few community partnerships create even more barriers for racial and ethnic minority groups.

Community members advocated for more bilingual and bicultural providers, as well as community health workers (see sidebar), to facilitate connections, advocate for, and empower communities.

Participants want more culturally relevant, long-term services that focus on comprehensive, community-oriented programs emphasizing holistic health and preventive health care services (for more about this, see [Access](#) section). Also, community members noted the need for additional behavioral health services and supports across the region.

Community Health Workers

Participants noted that system navigation was a challenge for those from different cultural and linguistic backgrounds. More representation of minority populations within the organizations and among providers serving the region would go a long way to rectify these barriers to health and wellness. Community health workers and peer navigators are two resources that could improve access to non-traditional health services.

Community health workers frequently came up as a positive resource in many of the areas discussed in this report. They are highly valued and are a resource communities would like to have more access to. Community health workers help alleviate the navigation challenge, but more are needed in the diverse communities across this region. Participants see community health workers as invaluable in providing education and support to community members.