### Cultural Competence and Implicit/Unconscious Bias Crosswalk

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<th>Core elements and practices of cultural competence for practitioners</th>
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| **Acknowledge cultural differences.**

This element of cultural competence promotes the fact that there are myriad cultural differences among all human beings. These differences must be acknowledged and addressed in the delivery of care and supportive services to patient populations.

**When confronted with understanding, processing, and acting on complex information, our neuro-cognitive systems categorize and group information, often resulting in stereotyping. This response is more likely to occur in stressful or demanding situations.**

- Be attuned to both similarities and differences between all cultural groups.
- Recognize the within-group diversity among racial and ethnic patient populations (e.g., education, literacy, socioeconomic status, religiosity/spirituality, sexual orientation).
- Recognize and accept that differences in health beliefs and practices among diverse patient populations exist. Avoid judgment and respect the importance of patients’ beliefs in your communication and medical decision-making.
- Accept that some racial, ethnic, and other cultural groups have historical and present-day experiences of bias, stereotyping, discrimination, and disparate treatment in health care systems. These experiences affect their capacity for trust and confidence in health care professionals.
- Identify and participate in professional development forums designed to address cultural and linguistic differences in the delivery of health and mental health care.

| **Understand your own culture.**

This element of cultural competence emphasizes that one must not only be aware of but also must understand his or her own culture. For health care practitioners this includes understanding the multiple cultural influences on your world view, including the culture of medicine (e.g., family, community, geographic locale, professional training, discipline/specialty, and professional and social affiliations).

**Just as implicit bias is out of conscious awareness, so too is culture because it is often invisible until we encounter someone or something that is culturally different.**

- Explore your own cultural belief systems, including the culture of medicine, and how they influence your world view.
- Reflect on the values inherent in the medical/health professions and how they conflict or are compatible with the values of your patients and their families (e.g., high value placed on science, evidence, time, benevolence, healing).
- Think “culture” when you notice that others are not behaving in ways that you expect. Consider what norms, beliefs, and values that you bring to the situation.
- List your expectations of the patient-provider relationship. Note the cultural origins of those expectations. Discuss your expectations with patients to ascertain similarities and differences.
- Attend to the language you use when communicating with patients and their families. Language is a natural expression of and integrally linked to one’s culture, including the culture of medicine. The language of medicine is complex, may be difficult for patients to understand, and can pose a barrier to effective patient-provider communication.
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| **Engage in self-assessment.**  
This element of cultural competence espouses essential practice of self-assessment. Cultural competence self-assessment can benefit health professionals by heightening awareness, influencing attitudes toward practice and the provision of supportive services, and motivating the development of knowledge, skills, and core competencies. Self-assessment enables health professionals to engage in self-reflection, probe their own cultural values and belief systems, and determine how these may contribute to disparate care. It also provides an opportunity to determine individual strengths and areas for professional growth. | **Assessing practitioner implicit bias is a necessary aspect of self-assessment and key to reducing disparities in health care provided to racially and ethnically diverse patient populations.**  
- Seek opportunities to uncover potential biases. Self-assessment is an effective tool that can be used to bring implicit biases into conscious awareness.  
- Maintain a query list designed to stimulate self-examination of personal reactions to patients, communications with patients, and clinical decision-making.  
- Engage in cultural competence self-assessment as a routine component of practice.  
- Probe the power dynamics in your relationships with patients and their families.  
- Ask colleagues with whom you work closely to complete an assessment of what they perceive as your biases and compare it with your own assessment.  
- Review client satisfaction and complaint data as possible indicators of bias.  
- Seek and share knowledge about cultural self-assessment with colleagues, including those at professional conferences and meetings. |
| **Acquire cultural knowledge and skills.**  
This element of cultural competence emphasizes the need to learn about the cultural values, beliefs, and practices of others that impact health and well-being, including social determinants of health. For health care practitioners, this involves an intentional commitment to both learn about and from the diverse patients populations to whom you provide care. It also involves using this fund of knowledge and applying a congruent set of skills to adapt practices to respond to the diverse patient populations. | **Intentional learning about those who are culturally different from us lessens the neurocognitive response to judge and stereotype. It provides an opportunity to discover the many ways in which “they” are “like us.”**  
- Learn about the impact of implicit bias on how (1) we view those who are like us vs. those who are not like us; (2) societal messages conveyed throughout childhood and adulthood influence our perception and reaction to specific racial or ethnic groups; (3) we assign stereotypes to cultural groups; and 4) fear responses of “the other” diminishes executive functioning and decision-making.  
- Learn strategies to see similarities rather than only differences for individuals from racial, ethnic, or cultural groups other than your own.  
- Identify and pursue both formal and informal opportunities for learning (i.e., about culture and health, health and health care disparities, culture-specific evidence-based practices, cultural aspects of health care decision-making among individuals and families).  
- Use self-assessment results to develop personal learning goals that enhance knowledge about cultural and linguistic competence of specific cultural groups and practices.  
- “Value the diversity within your health care setting and reach out to learn from team members who have cultural experiences and perspectives other than your own.” Assume an attitude of cultural humility—learn from patients and the communities in which they live. |
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<td><strong>View behavior in a cultural context.</strong></td>
<td>Take the time to elicit, absorb, and incorporate each patient’s story. Listening to patient narratives provides a window to understand and respond to the realities of their daily lives that affect health and well-being.</td>
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| This element of cultural competence involves acknowledging and understanding that culture influences behaviors of individuals and groups—both patients and practitioners. Health care practitioners spend a considerable amount of time pondering why patients behave in certain ways, particularly when the behaviors do not promote health and well-being. This may lead to assumptions about the extent to which patients value their health and the health care delivered by practitioners, and eventually to stereotyping. Labeling patients as non-compliant or even incapable of certain behaviors robs patients of optimal care and outcomes, thereby contributing to both health and health care disparities. Much of this takes place without the practitioner’s knowledge and understanding of the sociocultural, socioeconomic, and environmental factors affecting the lives of their patients. | ▪ Consider the following questions in interactions with your patients.  
  - What does culture have to do with the behavior or attitude that I observe among my patients?  
  - What is my cultural lens? Consider both professional and personal world views.  
  - What is the cultural lens of my patients? Their families?  
  - How do social determinants of health influence the behaviors of my patients? |
| ▪ Allow time for and encourage patients (and their families) to do the following: (1) provide their own narrative, (2) express their opinions and concerns, and (3) ask questions. Elicit cultural beliefs and practices from your patients as a routine aspect of history taking and in the provision of care. | ▪ Seek the strengths and resiliencies of patients from diverse racial, ethnic, and cultural groups. |
| ▪ Seek the experience and knowledge of cultural brokers or others who are familiar with traditional healing practices of your patient populations to inform practice. | ▪ Assist patients to advocate on their own behalf when they have experienced discrimination or disparate care in the health care system. |
| ▪ Seek and share knowledge about implicit or unconscious bias on the part of health care providers with colleagues and other professionals. |
Reference