

Sinclair Community College, Division of Allied Health Technologies

ALH 210 – Introduction to Community Health Advocacy

CLASS #18 CULTURAL COMPETENCY

Course Objectives:

Demonstrate knowledge of the role cultural beliefs have on a client's health practices and use of health and social services.

Class Objectives: Students will be able to:

Understand different cultural and religious health beliefs

Recognize the impact of different cultural and religious health beliefs.

Develop a sense of respect for the client

Participants:

Instructors

Students

Materials/Resources Needed:

Cultural Competency Quiz

Videotape “

Case study

Large Post It Notes

Markers

Equipment Needed:

TV/VCR

Plan for the Class

I. Questions, comments from class on last session Health Disparities

II. Understanding Cultural Competency

A. Facilitated Discussion

1. Faculty leads discussion about “Bamboo Dragon” assignment. Ask: what did you learn from this assignment? What are some of the negative things that can happen when a worker is not culturally competent? What are some communication skills that can help people understand each other better?
2. Faculty asks students: are you familiar with any health beliefs associated with a particular religion or culture? (examples might include Jehovah's Witnesses refusing transfusions, Seventh Day Adventists avoiding meat, caffeine, alcohol, and tobacco, birth control beliefs, etc.) Explore how students feel about these beliefs. **(50 minutes)**

- B. View videotape –“ “ (20 minutes)
- C. Discussion of videotape (10 minutes)
- D. Students complete Quality & Culture Quiz (25 minutes)
- E. Discussion – When female patients of Hispanic, Vietnamese, and Chinese backgrounds consider surgery, they often turn around and ask their husbands, “Should I sign it”? Does this indicate that the women did not understand our explanation of the procedure, that they are too uneducated to make such a decision, or that the woman is dominated by the husband and there may be a possibility of spousal abuse?

In many cultures healthcare decisions are made by family jointly. The woman’s refusal to take control simply means she considers the decision is not hers to make alone. Her husband, parents, older children etc. represent her support system and equal role in decision making. (10 minutes)

III. Conclusion

1. Faculty briefly summarized content and discussions.
2. Preview next class – Safety issues