Working with Chinese Americans: Cultural Competency In Practice

Presented by
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NICOS Chinese Health Coalition

**Mission:** To Enhance the Health and Well-Being of San Francisco's Chinese and broader Asian American Community.

- Founded in 1985
- Located in SF Chinatown
- Public-private-community partnership of 30+ groups
Workshop Objectives

1. Demonstrate knowledge of the diversity and complexity inherent in the Chinese community.
2. Conceptualize designing services to accommodate culture as fluid and evolving.
3. Practice application of cultural competency in working with Chinese Americans.

Anything else?
Introduction: Your Name (or Nickname)
What is Culture?
WHAT IS CULTURE?

Where does culture come from?

What purpose does culture serve?
CULTURE:

Shared experiences or commonalities that have developed and **continue to evolve** in relation to how social and political systems influence:

- Race
- Gender
- Disability status
- Ethnicity
- Immigration status
- National origin
- Education
- Sexual orientation
- Geographic location
  - Ex: Rural, urban, suburban
- Religion
- Age
- Class
- Other axes of identification within the historical context of oppression
  - Ex: Refugee status, HIV status, DV survivorship
What is Cultural Competency?
Cultural Competency

The ability of individuals and systems to interact responsively, respectfully and effectively with people of all cultures.
Goals of Cultural Competency

Improve the **Quality of Care**

+ Promote **Equitable Services** for all

+ Promote **Accessible Services** for all

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**Eliminate Health Disparity**
Chinese Americans in U.S., California, San Francisco
Where do Chinese Americans live?
The states with the largest Chinese American populations according to 2010 Census: California (1,253,100), New York (577,000), Texas (157,000)
Chinese Americans in U.S. (2010 Census)

• CHINESE AMERICANS:
  • 3.5M single-race
  • ~500,000 multi-race
  • Chinese Americans represent the largest Asian detailed group (24% of all Asian Americans)

• % CHANGE IN POP FROM 2000 – 2010:
  • Chinese American population experienced a 40% increase
  • In comparison, the total U.S. population grew by 9.7%
Chinese Americans in California + San Francisco County (2010 Census)

• STATE OF CALIFORNIA:
  • 1.25M Chinese Californians
  • 3.4% of total state population

• SAN FRANCISCO COUNTY:
  • ~170,000 Chinese San Franciscans
  • 21.4% of total county population (increase from 19% in 2000 Census)
  • 64.7% foreign-born
Chinese speak numerous dialects.

CHINA
Standard Chinese (Mandarin/Putonghua), Yue (Cantonese), Wu (Shanghainese), Minbei (Fuzhou), Minnan (Hokkien-Taiwanese), Xiang, Gan, Hakka dialects, other minority languages
What about Written Chinese?

Traditional Chinese
Used in Taiwan, Hong Kong, Macau.

Simplified Chinese
Used in China, Singapore, Malaysia.
Limited English Proficient Chinese communities

Chinese Americans in San Francisco are more likely to be limited English proficient.

Data Source #1

Percent of Racial/Ethnic Group that is Limited English Proficient

- Chinese: 49.2%
- Asian: 41.3%
- Hispanic/Latino: 28.2%
- Total Population: 21.0%
### Families in Transition

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
<td>• Whole family Asian-born and raised&lt;br&gt;• Subscribe to traditional Eastern values</td>
</tr>
<tr>
<td>“Cultural Conflict”</td>
<td>• Varying levels of acculturation&lt;br&gt;• Intergenerational conflicts</td>
</tr>
<tr>
<td>Bicultural</td>
<td>• Been in US for many years&lt;br&gt;• Familiar with Eastern &amp; Western values</td>
</tr>
<tr>
<td>“Americanized”</td>
<td>• Parents and children born/raised in US&lt;br&gt;• Fully adopt Western values; English only</td>
</tr>
<tr>
<td>Interracial</td>
<td>• Integrating additional cultural values&lt;br&gt;• Biracial/multiracial identity</td>
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</tbody>
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Culture & Health, Help-seeking
Culture shapes thoughts, attitudes, and behaviors related to health and wellness.

Cross-cultural differences in health outcomes, health access, and quality of care received.

Culture can be a resource OR a barrier for clients seeking help.

Culture can influence family involvement, treatment adherence and outcomes.
We all have health beliefs

• **The Common Cold:** When you were growing up and you caught a cold, what were you told about why you caught cold, and how you should treat it?
Common Chinese Beliefs about Illness

YING

YANG
Gua sha (scraping)  
Acupuncture  
Qi Gong  
Cupping
Traditional Chinese Medicine

Chinese Community Health Study:

• 54% report that they take soup with Chinese herbal medicine in it at least once a week

• 43% believe that home remedies are as good as western medicine for minor health problems.

For Latest Research:
National Center for Complementary and Alternative Medicine (www.nccam.nih.gov)
Chinese Americans & Mental Health/Addiction
Comparison Across Racial Groups:
Needed help but did not seek or receive treatment

Source: CHIS 2007, 2009
Comparison of Asian Ethnic Groups:
Needed help but did not seek or receive treatment

Source: CHIS 2007, 2009
Asian American communities: Mental Health

- Prevalent issues in AA communities: problem gambling, domestic violence, PTSD, depression, suicide: Elder Asian American women between 65 and 84 have the highest suicide rate among all females.

- High risk populations: immigrants, refugees, limited English proficient

- Less likely to seek mental health services; may prefer to ask for help from family

- Barriers: Stigma, language, economic issues, lack of culturally competent services
Common beliefs about the root of Mental Illnesses

• Imbalance of yin and yang
• Disruption of Qi (chee)
• Supernatural intervention
• Karma
• Physical or emotional strain
• Character weakness
• Manifestation of physical illness
Somatization:

the expression of mental distress as symptoms of physical illness when no organic cause for illness can be found.

Example: Depression described as “feeling tired and fatigued,” “pains and aches,” and gastrointestinal or cardiovascular symptoms, rather than sadness, loneliness, or hopelessness.
Clinical Considerations

No Common Language RE: Mental Health
- Certain mental health diagnoses may be difficult to translate

Differences in Clinical Expressions
- Cultural differences in conceptualizing Mind-Body Connection, which may result in differences in psychological vs. somatic expressions in MH
- Manifestations of shame and guilt or treatment avoidance may be influenced by cultural factors – such as fatalism, predetermination

One Size May NOT Fit All!
- May not subscribe to traditional 12-Step philosophies and higher power due to cultural incongruences
- May have preference for professionally-led groups over peer-led, preference for more directive treatment approach
- Medications and treatment modalities may not work the same way across ethnic groups
The CLAS Standards
National Standards for Culturally and Linguistically Appropriate Services (CLAS)

• Originally developed by Office of Minority Health in 1999
• Recent revision (April 2013):
  • Culture as more than race/ethnicity
  • More inclusive definition of “health”
  • Added standard on leadership

Stay up to date: www.thinkculturalhealth.hhs.gov
The National CLAS Standards

The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care are intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard

1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.

3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability

9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization’s planning and operations.

10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

15. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

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Guiding Principle

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
Conclusion
Remember...

- You do not need to know everything.
- Everyone is learning and unlearning.
- Celebrate successes!
Resources

Community Alliance for Culturally and Linguistically Appropriate Services (CLAS)
www.allianceforclas.org

Asian & Pacific Islander American Health Forum (APIAHF)
www.apiahf.org

California Pan-Ethnic Health Network (CPEHN)
www.cpehn.org

LEP Information
www.lep.gov

Office of Minority Health-US Dept. of Health and Human Services
https://www.thinkculturalhealth.hhs.gov
NICOS provides fee-for-service CLAS trainings!

Contact us for more information!
Thank You!

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