Understanding Bias and Building Cultural Competency

Course Description
Through this training, participants will gain the knowledge, skills, and ability to become culturally competent public health professionals, develop an understanding of the difference between implicit and explicit bias, increase self-awareness of how bias affects their own worldview, and explore “debiasing” techniques to unlearn implicit biases that may affect decision-making on behalf of marginalized and disadvantaged communities. Participants will also gain a greater understanding of how cultural competency can be applied at the micro level in one-on-one or small group interactions and at the macro level to build culturally competent organizations, programs and policies that are responsive to the contextual and structural factors that shape health outcomes for disadvantaged communities.

Learning Outcomes
By the end of this module, participants will be able to:
• Define cultural competency
• Identify how cultural competence can be applied at the micro level in one-on-one or small group interactions and at the macro level to build culturally competent organizations, programs and policies
• Begin to rearticulate cultural constructs in structural terms
• Describe how contextual and structural factors impact health outcomes for disadvantaged communities
• Identify the difference between implicit and explicit bias
• Learn “debiasing” techniques to either unlearn or better manage implicit biases that may affect decision-making on behalf of marginalized and disadvantaged communities
Module Outline

Unit 1: What is Cultural Competence and Why is it Important?
   I. What is culture?
   II. What is cultural competence?
   III. Cultural competence in public health is important for:
       a. Demographic changes in the United States
       b. Eliminating health disparities
       c. Improving quality service and health outcomes
       d. Increasing effectiveness and impact
       e. Meeting legislative, regulatory, and accreditation mandates
       f. Demonstrating knowledge, skills, and abilities
   IV. Becoming culturally competent

Unit 2: How Cultural Competence Should Be Applied at the Individual, Group and Organizational Levels
   I. Micro Level—Individual interactions
      a. Increasing micro-level cultural competence
      b. Understanding Bias
      c. Debiasing Techniques
      d. Five Core Competencies to achieve cultural competence on the micro level
   II. Macro Level—Group interactions
      a. Increasing macro-level cultural competence

Unit 3: Culturally Competent Organizations
   I. Increasing Macro Level Competence
   II. Creating Culturally Competent Organizations
      a. Public Health Framework
      b. Plan-Do-Check-Act Cycle

Quizzes and Reflection Questions

You are a health department outreach worker charged with improving healthcare access in rural areas of West Virginia. Reaching your target population and developing a culturally relevant intervention requires that you do all of the following except:
   a. Understand historical context, social constructs, institutions and systems effects on the target population
   b. Utilize a behavioral framework to explain the disparities that plague poor and marginalized populations.
   c. Have experiences that help you build a deep understanding of diverse people
   d. Learn how to successfully translate and apply what you have learned in their work

You are a health department outreach worker charged with improving healthcare access in rural areas of West Virginia. You decide that although you have the educational background and experience to create a strategy to do this, it's best to collaborate with key stakeholders and get their input on how best to approach this. This is an example of ____.
a. Structural Competence
b. Structural Inequity
c. Structural Humility

To what extent does your organization demonstrate structural competency?

  a. To a Great Extent
  b. Somewhat
  c. Very Little
  d. Not at All
  e. Not Sure

How does your organization demonstrate structural competency? (select all that apply):

  a. We engage in strategic planning that is inclusive of key stakeholders from the target population
  b. We utilize quality improvement measures like Plan-Do-Check-Act prior to implementing a new plan
  c. We include individuals from the target affected populations to participate in the creation of and/or review of all materials being prepared for them (i.e., audiovisual materials, public service announcements, training guides, printed resources)
  d. Provide community stakeholders with multiple opportunities to provide input prior to implementing a new process or task as well as feedback on the impact of the intervention
  e. We consider all cultural and structural barriers that may interfere with the impact of the intervention

Pre-Readings/Pre-Work


Additional Suggested Readings


