The AzMAT Mentors Program aims to increase capacity for offering substance use disorder/opioid use disorder (SUD/OUD) prevention, harm reduction, treatment, and recovery. This is a tool for experienced medication assisted treatment (MAT) providers to use when collaborating with less experienced MAT providers. Please consider using this during collaborative consultations if your collaborator indicated a **high priority in patient-centered strategies**.

**Cultural Humility vs. Cultural Competence**

The term cultural competence is not all encompassing to the discussion about culture. It was used throughout the flyer to match the literature referenced. AzMAT Mentors values the practice of **cultural humility** as it is a **lifelong process of reflection and critique** which allows us infinite opportunities to learn about diverse cultures, and identities.

**Why is Cultural Competency in Healthcare Important?**

Cultural competence in healthcare recognizes that healthcare decisions are shaped by an individual’s age, race, ethnicity, sex, gender, socioeconomic status, patient literacy skills and language. There are differences in racial, ethnic and gender prevalence rates which influences access to care. Striving to cultivate inclusive environments that encourages patients from diverse backgrounds to seek and remain in health care is an important aspect of patient-centered care.

**What are Components of Cultural Competency?**

The Substance Abuse and Mental Health Services Administration (SAMHSA) highlights key aspects of cultural competence in its Treatment Improvement Protocol. Here is a synthesis of a few that you can discuss during your collaborator consultations:

**Physical Environment:**

- When was the last time you checked your clinic’s environment through a culturally competent lens? Consider the following:
  - **Forms and signage.** Are they accessible in languages spoken by the populations served? When was the last time they were reviewed?
  - **Descriptive images.** Are they used to complement written instructions? Do they include alternative text for people with visual impairments?
  - **Spaces.** Are they warm, inviting and culturally relevant? If you have decorations, do they reflect the populations the organization serves?
  - **Accessibility.** Are the buildings, rooms/restrooms, and technology accessible to everyone?
Communication and Engagement:
- Handshakes, facial expressions, greetings and friendly short conversation may be the first step to building patient-provider rapport. Yet, there may be cultural differences in communication. Be sure never to assume specific communication patterns based on a patient’s cultural context. Consider:
  - **Engaging translators.** Make time so patients feel engaged with the translator.
  - **Pacing yourself.** Slow down or speed up while speaking to match the patient's pace.
  - **Keeping it simple.** Use accessible language (plain and break down concepts).
  - **Using pictures.** Some folks prefer images over words. Use images to help communicate key points.
  - **Remembering it may be the first time.** Do not overwhelm patients with too much information.
  - **Checking yourself.** Use the teach-back method where you kindly ask patients to explain back what you were explaining.
  - **Making safety first.** Create environments where the patient feels safe to ask questions or offer additional information.

Providers are encouraged to check out the full SAMHSA TIP-59 and specifically: Appendix C ‘Tools for Assessing Cultural Competence’.

Feel free to visit the AzMAT Mentors Program webpage which includes other resources: https://crh.arizona.edu/mentor

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1 Georgetown University, Health Policy Institute. Cultural Competence in Health Care: Is it important for people with chronic conditions? Available at: https://hsi.georgetown.edu/cultural/. Accessed January 20, 2021
