



PROPONENT TESTIMONY, SENATE BILL 33

Dr. Cathy McDaniels Wilson, ABPP

Good Morning Chairman Jones and members of the Committee. My name is Dr. Cathy McDaniels Wilson. I am a licensed clinical psychologist in the state of Ohio. I am the Past President of the Ohio Psychological Association and a member of the American Psychological Association. I am a practicing clinician and the Director of the Center for Health and Wellness at Capital University. I am speaking for the Ohio Psychological Association as a proponent of Senate Bill 33.

The 2014 census figures for Ohio indicate that 12% of our population is African American; 3% Latino or Hispanic; 2% multiracial; and 1 % Asian. There are also many other ethnic groups that live in Ohio including Native American Indians and many immigrants, such as Somalis and Ethiopians in Columbus and Turkish immigrants in Dayton. Within our large white population there are also variations, such as the unique culture of Appalachians in southern Ohio or within all groups, persons who are part of the deaf culture.

This trend in diversity around the country is expected to continue over the next century. As we become a more ethnically and racially diverse nation, health care systems and providers need to respond to patients' varied perspectives, values, beliefs, and behaviors about health and well-being. At the present time, our medical workforce has not able to keep pace with our population changes. For example, in psychology only 3% of our OPA members identify themselves as African American and only 1.5% as Hispanic/Latino. Failure to understand and manage sociocultural differences can have significant health consequences for minority groups in particular.

What is Cultural Competence?

A culturally competence professional is one who is aware of his/her own assumptions, values, and biases. It is someone who actively attempts to understand the world views of others who are different from them. A culturally competent provider is one who develops and practices appropriate, relevant, and sensitive intervention strategies and skills in working with his/her culturally different clients. Cultural competence is an active, on-going developmental process.

Research shows that minority clients are more likely to terminate counseling/therapy at a rate of more than 50% after only one contact with the therapist. This was in marked contrast to the less than 30% termination rates among White clients (Sue, Allen and Conway, 2010.) Many researches in the field of multicultural counseling suggests that members from underrepresented groups underutilize and prematurely terminate counseling due to the biased nature of the services themselves. It is felt by many researches, that in some cases, the services themselves are inappropriate to the life experiences of the culturally different client, they lack sensitivity and understanding, and they are oppressive and discriminatory toward minority clients.

For example, LeeJay Harper is a 20 year old African America female. She says she was a typically rebellious teenager raised by a single mother. She left home at 17 and lived on the streets, surviving on stale donated bread and sleeping on church porches. When she was 18, she was arrested for stealing a \$10.00 bag of food. "I was hungry," she said. She went to jail.

Implications: African American youth often do not come to counseling willingly. They may have been referred by social service agencies or brought in by parents. Because of this, lack of cooperation may be an issue. Understanding the problems of poverty, illiteracy, racial identity, and racism are key elements in providing culturally relevant care in this case example.

Without specialized training, the average health care provider may act in a way that will turn this young woman away from further services, leaving her vulnerable to poor physical and mental health, homelessness and jobless. With culturally competent care, she could get the care she needs to develop a plan for work and school, channeling her energy into meaningful lifework.

Cultural competency is critical to reducing health disparities and improving access to high-quality health care, health care that is respectful of and responsive to the needs of diverse patients. When developed and implemented as a framework, cultural competence enables systems, agencies, and groups of professionals to function effectively to understand the needs of groups accessing health information and health care—or participating in research—in an inclusive partnership where the provider and the user of the information meet on common ground.

Thank you and I would be happy to answer any questions.