

Cultural and Linguistic Competency 101

County Collaborative Call
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Agenda

1	Overview of PA SOC Standard VI
2	What is Cultural Competence?
3	What is Linguistic Competence?
4	Overview of National CLAS standards
5	Diverse populations served in PA SOC
6	Understand meaning of "culture broker"
7	Tools for engaging Culture Brokers

Today we will...



- ✓ Understand the PA SOC Standard VI and National CLAS standards
- ✓ Reflect on how one's own culture and belief system may influence relationships with individuals and organizations
- ✓ Learn about the role of, skills and characteristics of a culture broker

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What Do We Value?

- **An underlying value** of systems of care is that services must be appropriate to the cultural contexts of the lives of the youth and families they serve in order to truly benefit children and youth with serious mental health issues and their families.



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System of Care Standards

- ▶ Equal partnership on leadership teams
- ▶ Youth driven
- ▶ Family driven
- ▶ Integration of child-serving systems
- ▶ Valuing natural & community supports
- ▶ **Assuring cultural & linguistic competence**
- ▶ Youth & Family Services & Supports Planning Process
- ▶ Evaluation & continuous quality improvement

Culturally Competent System of Care Acknowledges Importance of...

- Culture
- Assessment of cross-cultural interactions
- Vigilance toward the dynamics resulting from cultural differences
- Expansion of cultural knowledge
- Adaptation to meet culturally unique needs

PA SOC Standard VI.**Cultural and Linguistic Competence**

- Cultural competence is the integration and transformation of knowledge, behaviors, and attitudes from and about individuals or groups that enable policy makers, administrators, youth, families, service providers, and system partners to work effectively in cross-cultural situations. Cultural competence is a developmental process that evolves over an extended period of time.

PA SOC Standard VI.**Cultural and Linguistic Competence**

- A. The County Leadership Team understands the demographics and diversity in the county (culture, age, income, education, race, ethnicity, religion, primary language, sexual orientation, gender identity, and disability status).

PA SOC Standard VI.**Cultural and Linguistic Competence**

- B. The County Leadership Team ensures the availability of culturally relevant and culturally specific trainings for youth, family, system partners, and community partners.

PA SOC Standard VI.**Cultural and Linguistic Competence**

- C. The County Leadership Team partners with culture brokers and leaders within specific cultural groups in order to determine their needs for services and supports.

PA SOC Standard VI.**Cultural and Linguistic Competence**

- D. The County Leadership Team ensures the availability of translation and interpretation services for those with limited English proficiency.

PA SOC Standard VI.**Cultural and Linguistic Competence**

- E. The County Leadership Team ensures that easily understood service-related and outreach materials are available in the languages of the commonly encountered groups in the community served.

PA SOC Standard VI. Cultural and Linguistic Competence

- F. Culturally and linguistically diverse families, representative of the youth and families in the community, engage and participate at all levels of the County System of Care.

PA SOC Standard VI. Cultural and Linguistic Competence

- G. The County Leadership Team ensures that staff of county services and supports is representative of the communities served and trained in cultural and linguistic competence.

PA SOC Standard VI. Cultural and Linguistic Competence

- H. The County Leadership Team ensures that services and supports are adapted to ensure access and effectiveness for culturally diverse populations.

PA SOC Standard VI. Cultural and Linguistic Competence

- I. County Leadership Teams will develop specific strategies to reduce racial, ethnic, and cultural disparities in access to and outcomes of services.

PA SOC CLC Recap

- **UNDERSTAND** diversity in the county
- CLC Appropriate **TRAININGS**
- **PARTNERS** with culture brokers & leaders
- Availability of **TRANSLATION** and interpretation services
- **MATERIALS** Available in Languages of Community
- **ENGAGE** Cultural/Linguistic Diverse Families & Youth
- Staff **REPRESENTATIVE** of Community + Adequately **TRAINED**
- **ACCESS** for culturally diverse populations
- **REDUCE** racial, ethnic, and cultural disparities

National CLAS Standards



What are Culturally and Linguistically Appropriate Services (CLAS)?

- Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at **every point of contact**.

CLC and CLAS? Are they the Same

- CLAS expands upon the definition of CLC
- CLAS is another way to think about CLC
- CLAS, as developed by the Office of Minority Health, is the framework for operationalizing CLC.
- The CLAS standards are the blueprint for implementing Culturally and Linguistically appropriate services.

National CLAS Standards 2000-2013

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
Culture	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic, and linguistic groups as well as geographical, religious and spiritual, biological and sociological characteristics.
Audience	Health care organizations	Health and health care organizations
Health	Definition of health was implicit	Explicit definition of health to include physical, mental, social and spiritual well-being
Recipients	Patients and consumers	Individuals and groups

National CLC/CLAS

- 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:

See more at: <http://minorityhealth.hhs.gov/>

The National CLAS Standards for Mental Health

Principal Standard
Standard 1
Governance, Leadership, and Workforce
Standards 2-4
Communication and Language Assistance
Standards 5-8
Engagement, Continuous Improvement and Accountability
Standards 9-15

So what does that mean for Pennsylvania?

- The Standards' implementation "on the ground" will vary from organization to organization. It is important for individuals and organizations to have a vision of what culturally and linguistically appropriate services will look like in practice and to identify available and required resources.

Defining “Culture”

- Culture is the set of attitudes, values, beliefs, symbols, and behaviors shared by a group of people, but different for each individual, and usually communicated from one generation to the next.

Dana, 1998; Sue & Sue, 2003

Cultural Iceberg



Potential Areas for a “cultural bump” in Systems of Care

- Concepts of mental health, healing, help seeking, and wellness belief systems
- Perceptions and explanations of the causes of problems with emotions, mental states, and behavior in children and families
- Behavior and coping strategies of family members and their attitudes toward, and expectations of professional helpers
- Service delivery structure and process that may not be congruent with the community’s preferences
- Other examples...

Understand Family/Youth Beliefs and Bias

- Know Your Organization’s Reputation in the Community
 - Recognize that some populations may have a distrust or fear of government and health institutions
 - Refugees and immigrant populations
 - Tuskegee Syphilis Study (1932-1972)
 - Conduct research to better understand your organization’s reputation
 - Surveys and focus groups
 - Meet with local leaders of community-based organizations
 - Request feedback and input on how to improve or change reputation

What is Cultural Competence?

- Individual Cultural Competence: The state of being capable of functioning effectively in the context of cultural differences.
- Organizational Cultural Competence: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.
- Culturally Competent Mental Health Care: Will rely on historical experiences of prejudice, discrimination, racism, and other culture-specific beliefs about health or illness, culturally unique symptoms and interventions with each cultural group to inform treatment.

Cross, Bazron, Dennis, & Isaacs, 1989; Pop-Davis, Coleman, Liu, & Toporek, 2003

Ongoing Cultural Competence

- Cultural **competence** clearly implies the ability to take action, adapt and function in a different environment
- It is a **commitment** to a developmental process - not a “check box” that you either have or do not have
- Elements should be integrated into all aspects of program, policy and services and not viewed as a separate component



Five Elements of Cultural Competence (at the Individual Level)

1. Awareness and acceptance of difference
2. Awareness of own cultural values
3. Understanding and managing for the "dynamics of difference"
4. Development of cultural knowledge
5. Ability to adapt practice to fit the cultural context of the client/family

Five Elements of Cultural Competence (at the Organizational Level)

1. Values Diversity
2. Cultural Self Assessment
3. Manages the "dynamics of difference"
4. Institutionalizes cultural knowledge
5. Adaptation to diversity



How Do We Acquire Cultural Competence?

- Recognize the broad dimensions of culture
- Respect youth and families as the primary source for defining needs and priorities
- Increase sensitivity to alienating behaviors



How Do We Acquire Cultural Competence?

- Change decision-making processes to include youth, families and the community
- Commit to structural and policy changes that support cultural diversity
- Make policies and practices fluid to accommodate necessary adjustments

Source: Focal Regional Research Institute for Human Services, Portland State University

Movement Toward Cultural Competence

- **Attitudes must change** to become less ethnocentric and biased.
- **Policies must change** to become more flexible and culturally impartial
- **Practices must become** more congruent with cultures



What is Linguistic Competence?

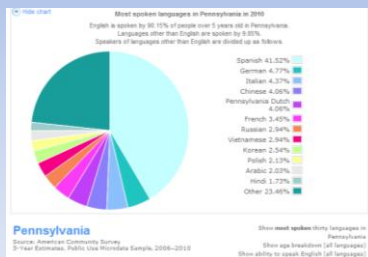
- The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.

(Goode & Jones, 2006).



Most Spoken Languages in PA

- English is spoken by 90.15% of people over 5 years old in Pennsylvania. Languages other than English are spoken by 9.85%. Speakers of languages other than English are divided up as follows.



Linguistic Resource Inventory

- Language Support
 - Translation Services (are written materials available in other languages?)
 - Interpreting Services (can we communicate with members of the community via telephone and in person?)
 - Bilingual Staff (how do I evaluate staff members' language proficiency?)

Resource Inventory

- Factors to Consider for **TRANSLATION** (written documents)
 - Do we have a partner for translation services?
 - If using in-house staff to translate, consider:
 - Qualifications (ATA certified?)
 - Indirect Costs
 - Errors/Omission Insurance
 - Necessary Industry Standard Translation Tools

Resource Inventory

Questions to Ask for Quality Translation Services

- Does the provider use translation memory tools?
- Are there any hidden costs?
- Does the provider offer culturally appropriate services?
- Can the provider assist with literacy issues?
- Am I protected?

Resource Inventory

- Factors to Consider for **INTERPRETING** (spoken language needs)
 - Do we have a partner for interpreting services?
 - Do we have access to an interpreting service that is available 24/7?
 - Do we have access information readily available?
 - Do we have a list of volunteer interpreters/bilingual staff available for emergencies?

Resource Inventory

- Factors to Consider for **BILINGUAL STAFF** (spoken language needs)
 - Have staff members been tested for language proficiency?
 - Written vs. oral
 - Incentive or recognition program for testing
 - Is there a roster of individuals with proven language proficiency?
 - Proficiency does not equal interpreting or translation ability

Culture Brokers

Bridging the Divide in PA System of Care



Concept of Cultural Brokering

The act of bridging, linking or mediating between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change (Jezewski, 1990).



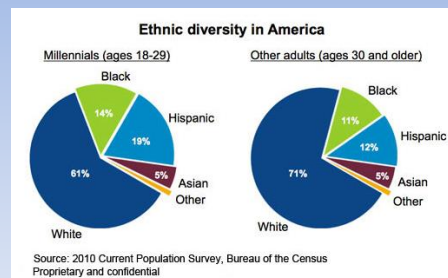
Source: Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs, NCCC, 2004

Culture Matters

When culture is ignored, families are at risk of not getting the support they need, or worse yet, receiving assistance that is more harmful than helpful.



Who Are We Today?



Definitions of Cultural Brokering

a health care intervention through which the professional increasingly uses cultural and health science knowledge and skills to negotiate with the client and the health care system for an effective beneficial health care plan (Wenger, 1995).



Source: Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs, NCCC, 2004

PA SOC Standard VI. Cultural and Linguistic Competence

- C. The County Leadership Team partners with culture brokers and leaders within specific cultural groups in order to determine their needs for services and supports.

Definition of Cultural Broker

a go-between,
one who advocates on behalf
of another individual or group
(Jezewski & Sotnik, 2001).



Source: Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs, NCCC, 2004

Rationale for Cultural Brokering in System of Care

- ❖ emergent & projected demographic trends
- ❖ diverse beliefs systems related to health, mental health, healing, & well-being
- ❖ cultural influences on help-seeking behaviors
- ❖ attitudes toward health & mental health care providers
- ❖ use of indigenous & traditional health and mental health practices
- ❖ evidence supports effectiveness of cultural brokers

Adapted from: Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs, NCCC, 2004

Who is the Cultural Broker

- ❖ liaison
- ❖ cultural guide
- ❖ mediator
- ❖ catalyst for change



Source: Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs, NCCC, 2004

Characteristics & Attributes of a Cultural Broker

- ❖ trust & respect of the community
- ❖ knowledge of values, beliefs & health and mental health practices of cultural groups
- ❖ understanding of traditional & indigenous wellness and healing networks in diverse communities
- ❖ experience navigating health and mental health care delivery & support systems

Adapted from: Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs, NCCC, 2004

Cultural broker as a liaison

- Cultural brokers are knowledgeable in two realms:
 - (1) the health values, beliefs, and practices within their cultural group or community and
 - (2) the health care system that they have learned to navigate effectively for themselves and their families.
- They serve as communicators and liaisons between youth and families and the providers in the health care agency.

Cultural broker as a cultural guide

- Serve as guides for incorporating culturally and linguistically competent principles, values, and practices
- Understand the strengths and needs of the community
- These cultural brokers can assist in developing educational materials that will help youth and families learn more about system of care and its functions
- Provide guidance on implementing workforce diversity initiatives

Cultural Broker as Mediators

- Help to ease the historical and inherent distrust that many racially, ethnically, and culturally diverse communities have toward health care organizations
- Helping system of care:
 - Establish and maintain trust
 - Build Meaningful relationships



Catalyst for Change

- Helping system of care:
 - Recognize the barriers to participation by diverse youth and families
 - Make changes to address barriers
 - Engage diverse youth and families in all processes



Who can fulfill the role of Cultural Broker

Cultural brokers may be any of the following:

- ♦ social worker
- ♦ interpreter
- ♦ health educator
- ♦ board member
- ♦ program support personnel
- ♦ healer & spiritualist



Source: Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs, NCCC, 2004

Who can fulfill the role of cultural brokers in health care settings?

- Must have a history and experience with cultural groups for which they serve as broker including:
 - the trust and respect of the community;
 - knowledge of values, beliefs, and health practices of cultural groups; an understanding of traditional and indigenous wellness and healing networks
 - within diverse communities; and
 - experience navigating health care delivery and supportive systems within communities.

Who can fulfill the role of Cultural Broker

Cultural brokers may be any of the following:

- ❖ youth or family member
- ❖ outreach & lay health worker
- ❖ peer mentor
- ❖ advocate
- ❖ community member
- ❖ administrator
- ❖ program support personnel
- ❖ social worker
- ❖ board member
- ❖ nurse, physician, physical therapist, or other health or mental health care provider



Adapted from: "Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs, NCCC, 2004

Cultural Brokers may work in the following settings

- ❖ health and mental health clinics and practices
- ❖ community-based and ethnic-specific organizations
- ❖ family/youth and advocacy organizations
- ❖ schools
- ❖ government offices
- ❖ universities
- ❖ hospitals
- ❖ churches, synagogues, mosques, temples, kivas, plazas, & other places of worship



Adapted from: "Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs, NCCC, 2004

Guiding Principles for Cultural Broker Programs

Cultural brokering ...

- honors & respects cultural differences within communities
- is community-driven
- is provided in a safe, non-judgmental and confidential manner



Source: Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs, NCCC, 2004

Guiding Principles for Cultural Broker Programs

Cultural brokering ...

- involves service delivery that is accessible & tailored to communities served
- acknowledges reciprocity & transfer of assets between community and health and mental health care settings



Source: Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs, NCCC, 2004

How to Engage Culture Brokers

- Identify partners with legitimacy with families & targeted communities.
- Ensure partners are representative of the community.
- Develop reciprocal trusting relationships
 - Bring resources to the table
 - Demonstrate humility

Gather Community Knowledge

- Communities know:
 - Their history: where they have been
 - Their culture: who they are
 - Sacred places
 - Dangerous places
 - Cultural taboos/faux pas
 - What is important to them



Partnering for Cultural Competence

- Discuss with Culture Brokers in advance:
 - Each partner's role in the collaboration
 - How you will communicate with each other
 - What potential conflicts may exist
 - How conflicts will be resolved
 - Other roles of partners



Partnering for Cultural Competence

- Identify culture brokers with legitimacy with youth, families, and targeted communities
- Be prepared to reach out beyond existing databases to identify potentially eligible partners
- Ensure organization is involved with and supports outreach efforts
- Ask youth and families what they need and what works for them
- Conduct ongoing evaluation of your efforts & their impact & learn from mistakes

Implementing & Sustaining Cultural Brokering Programs

- ❖ Create a vision and ensure the commitment of leadership
- ❖ Get buy in and acceptance among stakeholders & constituency groups.
- ❖ Develop a logic model or framework for the program
- ❖ Identify and allocate resources

Self-Awareness

- Be open to learning through acts of cultural misinterpretation
- Find opportunities to get honest feedback by developing relationships with cultural brokers
- Observe natural behavior of groups and adapt practices and programs accordingly
- Don't think that you are "done" or have "arrived" at cultural competence

Next Steps

- Do a self assessment
- Make a commitment to the process of enhancing your cultural competence
- Develop a plan for action
- Engage Culture Brokers
- Share what you learned
- Do something different



**Cultural competence
and linguistic competence
are a life's journey ...
not a destination**

Safe travels!

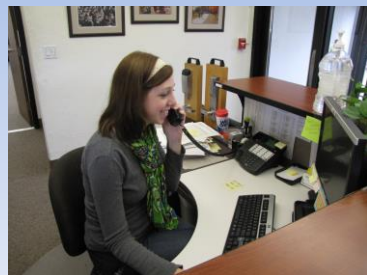
Sample CLC Training



Front Desk Training

- "It All Starts at the Front Desk"

– Available at: <http://hccc.georgetown.edu/documents/FrontDeskArticle.pdf>



What is Service Delivery Social Etiquette?

- Service delivery social etiquette refers to credible culture-specific styles of etiquette that show respect and facilitate the therapeutic process.

Negative consequences when the front desk fails to use CLC...

- Families may experience:
 - feelings of being insulted or being treated rudely;
 - fear of contacting the health care provider, office, or hospital;
 - confusion about appointments or treatments; or
 - feeling unwelcome, unwanted, and not valued.

Children and youth with special health care needs may not receive optimal treatment because:

- parents are fearful or uncomfortable calling for advice, needed appointments, or prescriptions, leading to delayed access to care;
- parents do not make or keep follow-up appointments with the health care provider because of problems with the front desk, resulting in less effective treatment; or
- health care providers do not have adequate information about the nature of a visit and the child's health needs because the front desk has not been able to communicate effectively with the child's family.

Providers may face the problematic outcomes including:

- time wasted due to missed appointments;
- loss of patients and income to other professionals because families do not feel welcome at the front desk;
- loss of referrals and reputation when families report to others their negative experiences with the front desk; or
- possible filing by families of a grievance or report of discrimination based on treatment by the front desk.

Front Desk Experience A

- Ms. B. is an African American mother of a child with special health care needs. Frequently, when she walks up to the front desk, she is automatically asked for her Medicaid card. Her family is not eligible for any Medicaid waivers and has private insurance through her husband's employer. She does not appreciate that the front desk automatically assumes that because she is African American, she is poor.

Front Desk Experience B

- Ms. G. speaks very little English. She finds it very difficult to make appointments and get prescriptions renewed at her child's doctor's office. She chose her child's pediatric practice because one of the doctors speaks Spanish. There is another person in the office who speaks Spanish, but she is often interpreting for patients who are seeing other doctors in the practice. Thus, Ms. G. feels very hesitant about calling the doctor's office and often has to wait for a friend or for one of her older children to make the calls.

Front Desk Experience C

- Ms. L. has a Hispanic surname and speaks with an accent. She is often upset when she calls a health care provider's office or goes in for a visit, and staff assume she does not speak or understand English. Sometimes this assumption leads staff to speak slowly and loudly. Other times they will have a Spanish-speaking staff person interact with her. Although she is pleased that some health care providers make an effort to have Spanish speakers on staff for families who require this level of language assistance, she wishes they would ask about her specific needs.

Front Desk Experience D

- Race, ethnicity, and language are not the only cultural issues that can affect interactions between the front desk and families. Ms. T. notes that she is White and middle class. Her child is on Medicaid because of a state waiver program. When she arrives at a new office, she is asked for her insurance card. When Ms. T. pulls out her Medicaid card, she frequently notes a change in attitude and a coldness or rudeness in staff. Ms. T. believes that staff may associate the Medicaid card with lower socioeconomic status, may have preconceptions about people on Medicaid, and may demonstrate attitudes that affect their interactions with her.

Organizational Policies & Procedures

- How to serve individuals who speak little or no English are written and well known to staff.
- Periodic reviews of the demographic makeup of the communities served to determine whether:
 - additional or new language access services are needed or
 - modifications to policies and practices are needed to address new and emerging populations.

Workforce Development

- Front desk staff who reflect the cultural and linguistic diversity of the communities served
- Performance evaluation standards include CLC
- Adequate Training:
 - interacting effectively with individuals from different cultural and linguistic groups;
 - working well with trained/certified interpreters;
 - communicating successfully a complex array of information to individuals who possess low literacy skills or who are not literate; and
 - confronting bias, discrimination, and racism in health, mental health, and social service systems.

Quality Improvement

- Supervisors are knowledgeable and trained in CLC implementation and evaluation
- Informal and formal mechanisms are used to solicit input from individual consumers about their front desk encounters
- Mechanisms exist for families to lodge complaints anonymously so that they will not fear reprisals for raising concerns.

Conclusion

Multicultural knowledge:

- Requires a personal commitment to be well informed about the communities we serve
- Requires a lifetime commitment
- Requires avoidance of simplistic characterizations of cultures
- Requires a personal commitment to be honest with oneself and accept what one does not know.

References

The majority of the content of this presentation is adapted from:

Cross, Bazron, Dennis and Isaacs, *Toward a Culturally Competent System of Care...* 1989.

Additional Resources:

- Andy Hunt, *Cultural Competence Model ...* 2010.
- Sotnik & Rochester, *Bridging the Gap: Introduction to Culture Brokering...* 2012.
- Darci Graves, *Cultural Competence and Risk Communication...* 2007.
- Tawara D. Goode, *Bridging the Cultural Divide in Health & Mental Health Care Settings: The Essential Role of Cultural Brokering Programs...* 2006.
- *Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs*, NCCC, 2004

Thank you

- Questions?
- Please contact Kelsey Leonard, CLC
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Care Partnership at leonardkt@upmc.edu with
any questions, comments and/or for
additional resources.