

**ACHIEVING CULTURAL AND LINGUISTIC COMPETENCE:  
Implications for Systems Supporting the Health and  
Mental Health of Young Children  
and their Families**

Tawara D. Goode  
November 18, 2010



**National Center  
for Cultural  
Competence**



GEORGETOWN UNIVERSITY  
**Center for Child and  
Human Development**



# Taking a Closer

**LOOK**

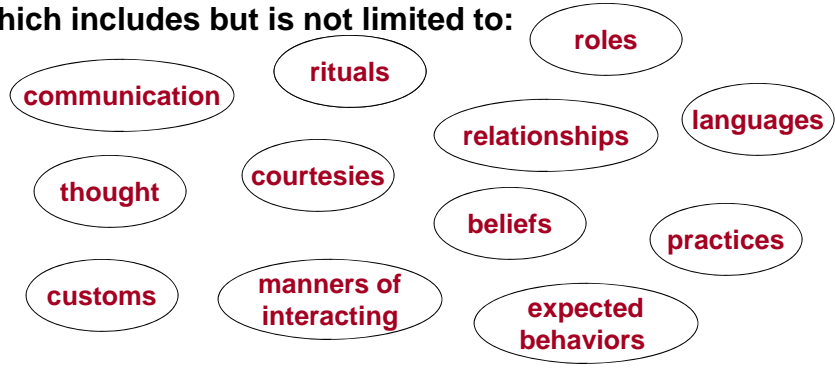
at Culture

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# Culture

**Culture** is an integrated pattern of human behavior which includes but is not limited to:

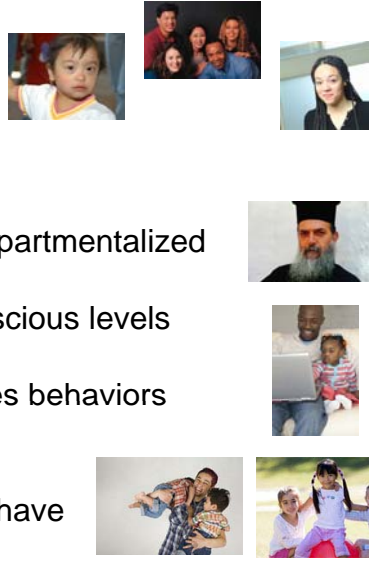


... of a racial, ethnic, religious, social, or political group;  
 the ability to transmit the above to succeeding generations;  
 dynamic in nature.

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## Culture ...

- is applicable to all peoples
- is active & dynamic
- is multi-layered
- is viewed as thick, thin, or compartmentalized
- exists at conscious and unconscious levels
- structures perceptions & shapes behaviors
- is a total way of life – tells group members how to behave & provides their identity



Adapted from Vivian Jackson, NCCC, 2003

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# Culture

**Culture** is akin to being the person observed through a one-way mirror; everything we see is from our own perspective.

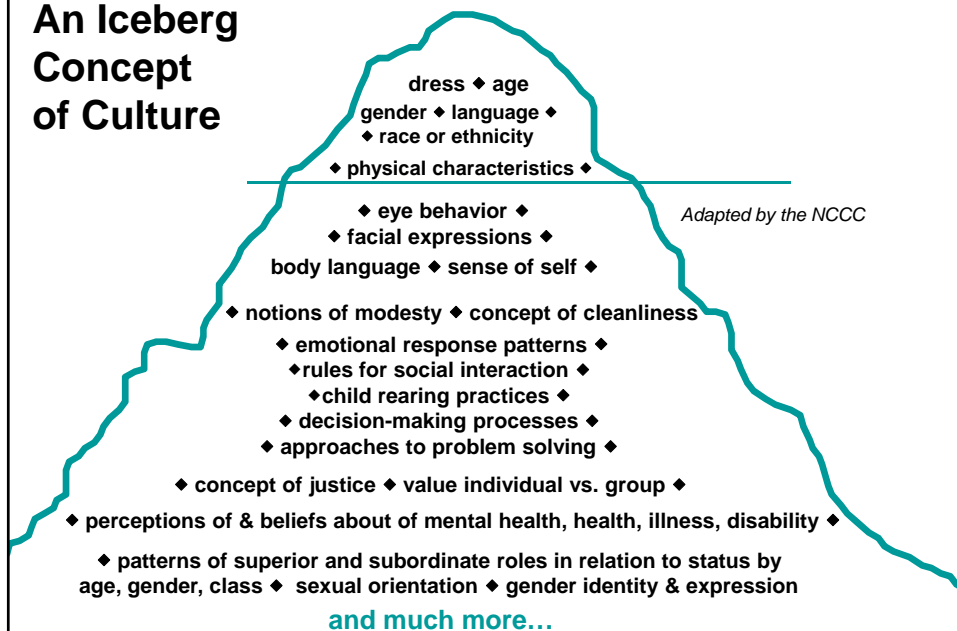


It is only when we join the observed on the other side that it is possible to see ourselves and others clearly – but getting to the other side of the glass presents many challenges.

(Lynch & Hanson 1992 Developing Cross Cultural Competence)

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## An Iceberg Concept of Culture



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CULTURE IS THE LENS BY WHICH WE VIEW THE WORLD



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## Diversity and Differing World Views



## Top 10 Countries of Birth of Legal Permanent Residents in the United States in 2008

**Total** **1,107,126**


Mexico		189,989
China		80,271
India		63,352
Philippines		54,030
Cuba		49,500
Dominican Republic		31,879
Vietnam		31,497
Colombia		30,213
Korea		26,666
Haiti		26,007

Data Source: U.S. Department of Homeland Security, Office of Immigration Statistics, U.S. Legal Permanent Residents:2008  
March 2009 Annual Report- Randall Monger & Nancy Rytina

Slide Source: National Center for Cultural Competence, 2010



## Top 10 Countries of Birth and State of Residence of Permanent Residents in Colorado in FY 2008

Mexico		4,891
China		637
Ethiopia		561
Venezuela		472
India		393
Philippines		338
Canada		293
Korea		293
Russia		252
Nepal		223

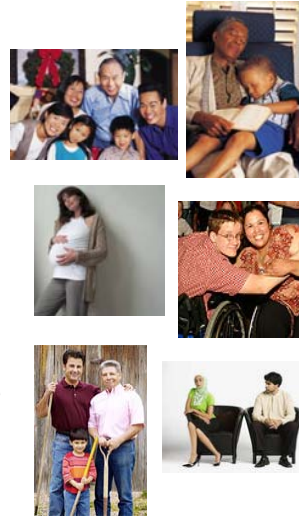
Data Source: Department of Homeland Security, Profiles of Legal Permanent Residents: Fiscal Year 2008

Slide Source: National Center for Cultural Competence, 2010



# Cultural Diversity

The term *cultural diversity* is used to describe differences in ethnic or racial classification & self-identification, tribal or clan affiliation, nationality, language, age, gender, sexual orientation, gender identity or expression, socioeconomic status, education, religion, spirituality, physical and intellectual abilities, personal appearance, and other factors that distinguish one group or individual from another.



Goode & Jackson, 2009

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## Cultural Factors That Influence Diversity Among Individuals and Groups

### Internal Factors

- Cultural/Racial/Ethnic Identity
- Tribal Affiliation/Clan
- Nationality
- Acculturation/Assimilation
- Socioeconomic Status/Class
- Education
- Language
- Literacy
- Family Constellation
- Social History
- Perception of Time
- Health Beliefs & Practices
- Literacy
- Health & Mental Health
- Literacy
- Beliefs about Disability or Mental Health
- Lived Experience of Disability or Mental Illness
- Age & Life Cycle Issues
- Gender, Gender Identity & Expression
- Sexual Orientation
- Religion & Spiritual Views
- Spatial & Regional Patterns
- Political Orientation/Affiliation

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## Cultural Factors That Influence Diversity Among Individuals and Groups

### External Factors

- Institutional Biases
- Racism & Discrimination
- Community Economics
- Intergroup Relations
- Group & Community Resiliency
- Natural Networks of Support
- Community History
- Political Climate
- Workforce Diversity
- Community Demographics

Adapted with permission from James Mason, Ph.D., NCCC Senior Consultant

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## Small Group Discussion

1. Select one internal and one external factor.
2. Consider these factors within the context of your state's efforts to address the needs, interests, and preferences of culturally and linguistically diverse populations. Explore challenges and successes.

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## Examining Cultural Beliefs and Practices in Health and Mental Health



## The Common Cold



## Cultural Beliefs about Health, Mental Health, & Disability

- Superstition
- Fate or Destiny
- Karma
- Malevolent Forces
- Religiosity & Spirituality
- Cultural & Familial Folklore



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## Cultural Influences on Beliefs and Practices Related to Systems and Providers of Health and Mental Health Care

- Reliance on traditional remedies and healers
- Culture bound syndromes
- Delaying access to care
- Historical mistrust of health care, mental health, and social service professionals
- Experiences of racism, discrimination, and bias
- Cultural and linguistic barriers
- Stigma

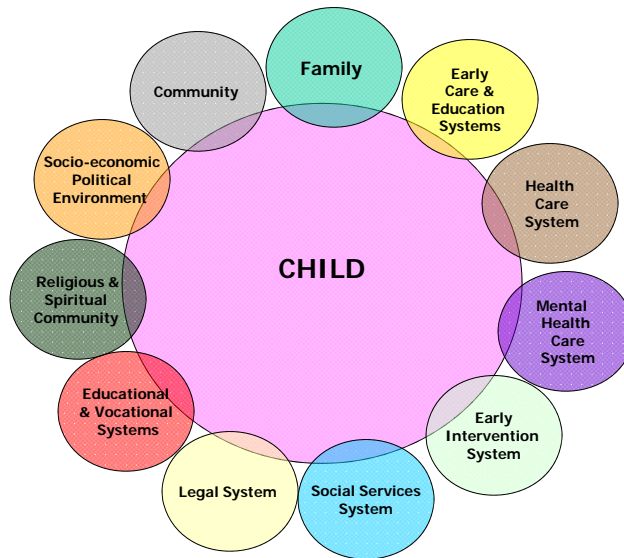


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## A Convergence of Cultural Contexts



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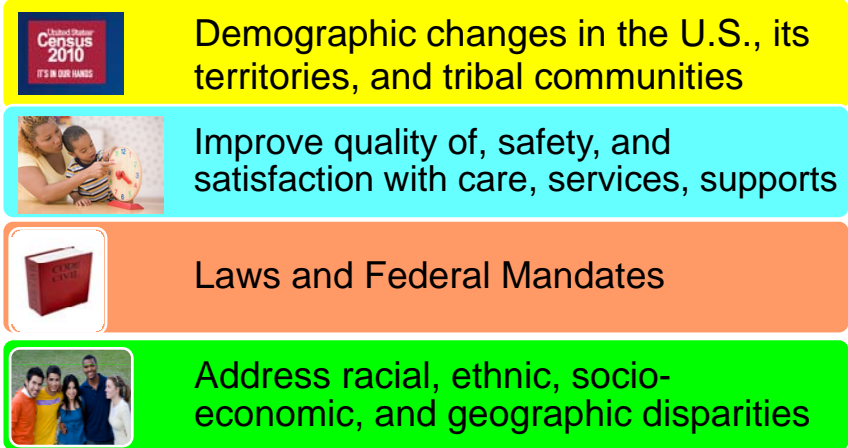
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## Cultural Competence Definition & Framework



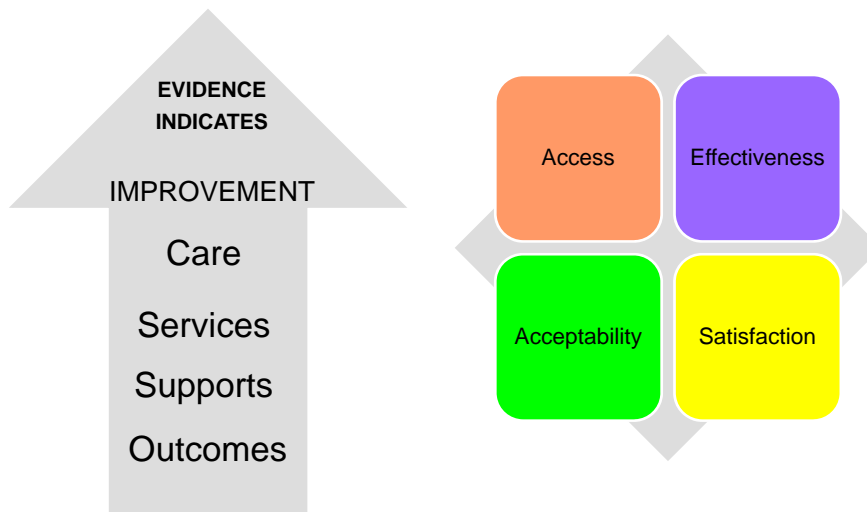
## Rationale for Cultural and Linguistic Competence



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## Why address cultural and linguistic competence in health and mental health?



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## Are we on the same page?



**Culturally aware**                      **Cultural humility**

**Culturally competent**           **Culturally relevant**           **Cultural sensitivity**

**Culturally & linguistically competent**

**Multicultural Competence**   **Culturally appropriate**

**Linguistically competent**       **Culturally effective**       **Cultural Proficiency**

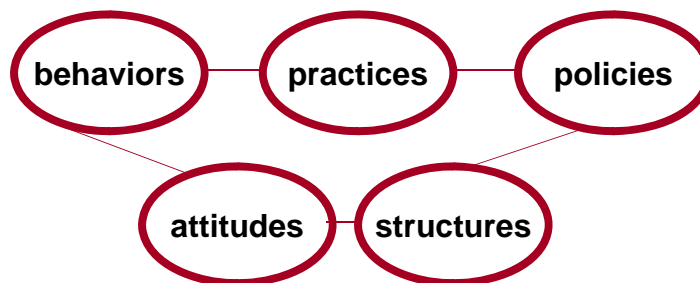
**Cultural Responsiveness**

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## Cultural Competence



requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally

(adapted from Cross, Bazron, Dennis and Isaacs, 1989)

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## Five Elements of Cultural Competence

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### Organizational Level

- value diversity
- conduct cultural self-assessment
- manage the dynamics of difference
- institutionalize cultural knowledge
- adapt to diversity
  - policies - structures
  - values - services

(Cross, Bazron, Dennis and Isaacs, 1989)

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## Five Elements of Cultural Competence

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### Individual Level

- acknowledge cultural differences
- understand your own culture
- engage in self-assessment
- acquire cultural knowledge & skills
- view behavior within a cultural context

(Cross, Bazron, Dennis and Isaacs, 1989)

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## ESSENTIAL ELEMENTS IN A CULTURALLY COMPETENT SYSTEM

These five elements must be manifested at every level of an organization including:

- policy makers
- administration
- practice & service delivery
- patient/family/consumer
- community

and reflected in its attitudes, structures, policies, practices, and services.

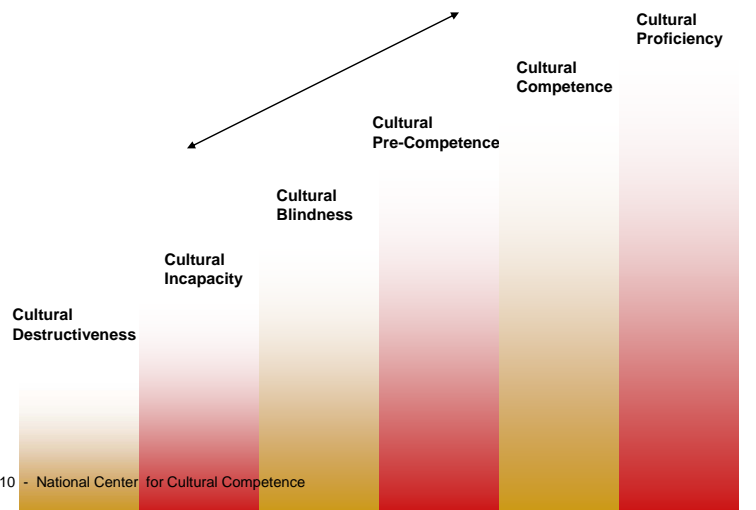
Adapted from Cross, Bazron, Dennis, & Isaacs, 1989

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## Cultural Competence Continuum

(Cross, Bazron, Dennis and Isaacs, 1989)



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## Linguistic Competence Definition & Framework



## TOP 10 LANGUAGES SPOKEN IN U.S.

SPANISH	34,547,000
CHINESE	2,465,000
TAGALOG	1,480,000
FRENCH	1,356,000
VIETNAMESE	1,207,000
GERMAN	1,104,000
RUSSIAN	851,000
ITALIAN	799,000
ARABIC	767,000
AFRICAN LANGUAGES	700,000



Data Source: U.S. Census Bureau, 2007 American Community Survey,  
Table 53. Languages Spoken at Home by Language 2007

Slide Source: National Center for Cultural Competence, 2010



# What is Linguistic Isolation?

Linguistic isolation refers to households in which no person over the age of 14 speaks English at least very well

Linguistically Isolated Households in the U.S. in 2009

All households		4.7%
<i>Households speaking--</i>		
▪ Spanish		25.9%
▪ Other Indo-European languages		16.6%
▪ Asian and Pacific Island languages		27.5%
▪ Other languages		17.2%

Data Source: U.S. Census Bureau  
2009 American Community Survey – 1 Year Estimates

Slide Source: National Center for Cultural Competence, 2010



# Languages Spoken at Home in Colorado

**Total Population 5 years and over** **4,583,067**

**English only** **3,806,067**

**Total other languages** **776,988**

**Speak Spanish or Spanish Creole** **549,321**

**Speak Indo European languages** **111,913**

[French (Patois, Cajun), French Creole, Italian, Portuguese, Portuguese Creole, German, Yiddish, Other West Germanic languages, Scandinavian languages, Greek, Russian, Polish, Serbo-Croatian, Other Slavic languages, Armenian, Persian, Gujarathi, Hindi, Urdu, Other Indic languages]

**Speak Asian and Pacific Island languages** **84,310**

[Chinese, Japanese, Korean, Mon-Kymer, Cambodian, Miao, Hmong, Thai, Laotian, Vietnamese, Tagalog, other Pacific Island language]

**Other Languages** **31,444**

[Navajo, Other Native American languages, Hungarian, Arabic, Hebrew, African languages, other unspecified languages]

Data Source: U.S. Census Bureau, 2008 American Community Survey

Slide Source: National Center for Cultural Competence, 2010



# What is Linguistic Isolation?

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Linguistically Isolated Households in the Colorado in 2009

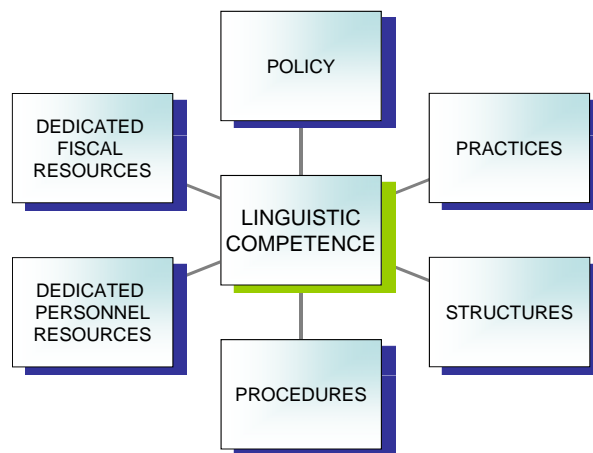


Data Source: U.S. Census Bureau  
2009 American Community Survey – 1 Year Estimates

Slide Source: National Center for Cultural Competence, 2010



## LINGUISTIC COMPETENCE FRAMEWORK



Goode & Jones, Revised 2009, National Center for Cultural Competence

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# Linguistic Competence

- is 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 are not literate or have low literacy skills, individuals with disabilities, or those who are deaf or hard of hearing
- requires organizational and provider capacity to respond effectively to the health literacy needs of populations served
- ensures policy, structures, practices, procedures and dedicated resources to support this capacity

Goode & Jones, Revised 2009, National Center for Cultural Competence

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## Linguistic Competence: Legal Mandates, Regulations, Guidance, and Standards

Title VI, Section 601, Civil Rights Act of 1964  
Non-Discrimination based on Race, Color, National Origin, Age, Disability, Sex



U.S. Department of Health & Human Services



U.S. Department of Education



U.S. Department of Justice

Slide Source: National Center for Cultural Competence, 2010



## Linguistic Competence: Legal Mandates, Regulations, Guidance, and Standards

Title VI of the Civil Rights Act of 1964,  
Section 601 Non-Discrimination in  
Federally-Assisted Programs



National Standards on Culturally  
and Linguistically Appropriate Services  
(CLAS)

Slide Source: National Center for Cultural Competence, 2010



## Who is covered under the guidance?

### Recipients of HHS assistance may include, for example:

- Hospitals, nursing homes, home health agencies, and managed care organizations.
- Universities and other entities with health or social service research programs.
- State, county, and local health agencies.
- State Medicaid agencies.
- State, county and local welfare agencies.
- Programs for families, youth, and children.
- Head Start programs.
- Public and private contractors, subcontractors and vendors.
- Physicians and other providers who receive Federal financial assistance from HHS



Slide Source: National Center for Cultural Competence, 2010



## CLAS Standards 4-7 are enforceable under Title VI of the Civil Rights Act of 1964

### Health Care organizations must:

**Standard 4.** offer and provide language assistance services, at no cost to each patient/consumer, at all points of contact, timely and during all hours of operation

**Standard 5.** provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services

**Standard 6.** assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff

**Standard 7.** make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area

Slide Source: National Center for Cultural Competence, 2010

## Characteristics of Culturally & Linguistically Compete Organizations



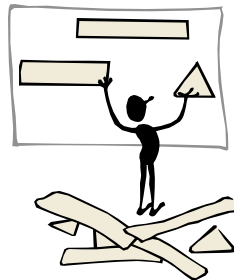
## Characteristics of Culturally & Linguistically Competent Organizations

- philosophy
- mission statement
- policy, structures, procedures, practices
- diverse, knowledgeable & skilled workforce
- dedicated resources & incentives
- community engagement & partnerships
- publish & disseminate
- advocacy

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## Cultural and Linguistic Competence within the Context of Organizational Change



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## If truth be told ....

*What some policy makers, administrators, service providers, and educators think cultural and linguistic competence*

- Lip service
- Passing trend
- Simply language to include in grant applications
- If we only had more resources
- Already took that workshop!
- Believe there is little to no true evidence



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## Considering Cultural & Linguistic Competency within the Context of Organizational Change

**Adaptive Challenge**  
**vs.**  
**Technical Challenge**

Does making progress require changes in people's values, attitudes and or habits of behaviors?



Reference: Heifetz, R.A. (1994). Leadership Without Easy Answers. Cambridge, MA: The Belknap Press of Harvard University Press

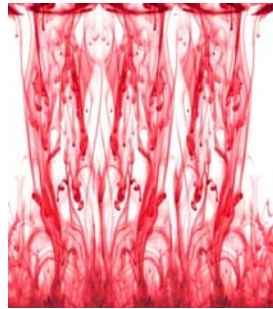
Slide Source: National Center for Cultural Competence



# Diffusion of Innovations

## Stages of Diffusion

- Knowledge
- Persuasion
- Decision
- Adoption
- Sustaining



Data Source: Rogers E. (2003). Diffusion of Innovations: Fifth edition. New York, NY: Free Press

Slide Source: National Center for Cultural Competence, 2010



## Organizational Change Theories Applied to Cultural & Linguistic Competency

**Resistance** is a characteristic of any major organizational change effort and a major reason why organizational change efforts fail. (Prochaska, Prochaska and Levesque, 2001).

**Resistance** should be expected in different stages of multicultural organizational change because the topics of prejudice, discrimination and oppression are controversial and emotionally charged. (Brantley, Frost and Razak, 1996).

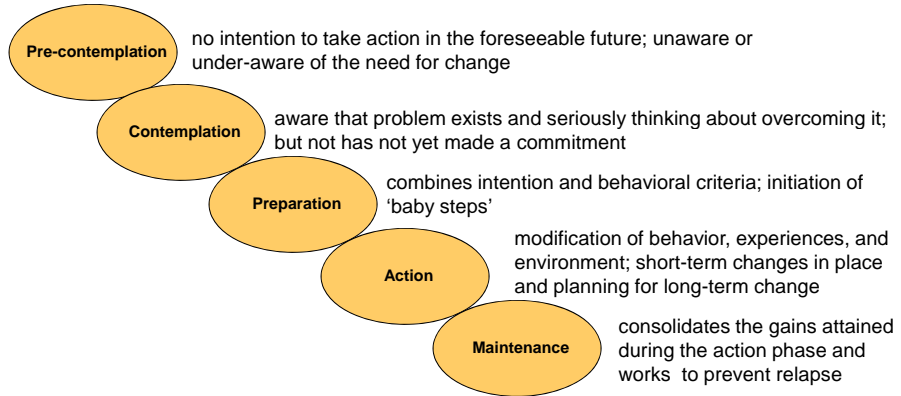
The Transtheoretical Model of Change suggests that it is counterproductive to forge ahead with action without addressing issues such as **resistance**, that stand in the way of individual and organizational readiness for change.

Data Source:  
Mayeno, L. Multicultural Organizational Development: A Resource for Health Equity, in Cultural Competence in Health Care Series, The California Endowment and Compasspoint Nonprofit Services, April 2007.

Slide Source: National Center for Cultural Competence, 2010



# Prochaska's Stages of Change



Data Source: Prochaska, J.O., Redding, C.A. & Evers, K.E. (1997). A Transtheoretical Model and Stages of Change. In K. Glanz, F.M. Lewis, B.K. Rimer (Eds.) Health Behavior and Health Education: Theory Research and Practice a (2<sup>nd</sup> edition) (pp. 60-84). San Francisco, CA.: Jossey-Bass Publishers.

Slide Source: National Center for Cultural Competence, 2010



Frameworks for Exploring  
Disparities  
Inequities  
Equity  
in health and mental health



# HEALTH INEQUITY

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“Of all the forms of inequality, injustice in health is the most shocking and most inhumane.”



Martin Luther King Jr.

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# HEALTH INEQUITIES

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Inequities in health systematically put groups of people who are already socially disadvantaged (e.g. being poor, female, and/or members of disenfranchised racial, ethnic, or religious groups) at further disadvantage with respect to their health.



Braveman, P. & Gruskin, S. (2003). Defining Health Equity. Journal of Epidemiology and Community Health

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# HEALTH EQUITY DEFINED

The absence of systematic disparities in health (or in the major social determinants of health) between social groups who have different levels of underlying social advantage or disadvantage.

Braveman, P. & Gruskin, S. 2003. Defining Health Equity. Journal of Epidemiology and Community Health



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# HEALTH EQUITY

## Equal Opportunities to be Healthy

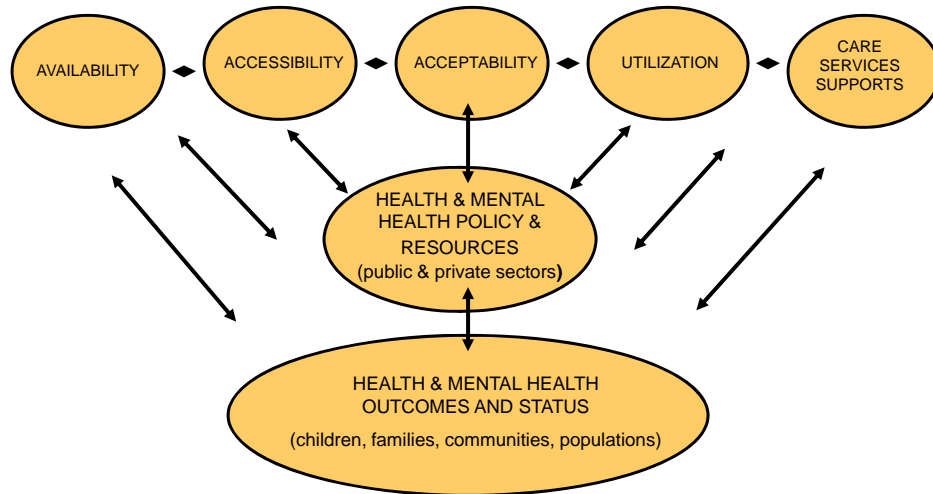
- Power
- Social Justice
- Equality
- “ISMs”  
[discrimination, bias, oppression, marginalization, racism, homophobia, classism etc.]



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## Disparities Framework Health & Mental Health Care



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## Consider the Disparities Framework now... and when you are back home

- What are the implications of this framework for your state?
- What approaches are necessary to address disparities and promote equity in:
  - availability?
  - accessibility?
  - acceptability
  - utilization?
  - care, services, supports?
  - outcomes/ health & mental health status of young children and their families?
- What is the role of cultural and linguistic competence?

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# What will it take?



Achieving cultural and linguistic competence in systems supporting healthy mental development for young children and their families



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## LESSONS OF THE JOURNEY

● Leadership



● Shared Ownership



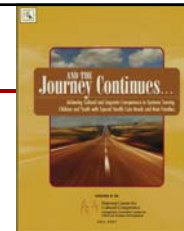
● The ISMs: Confronting the Undercurrents



● Keeping it Real



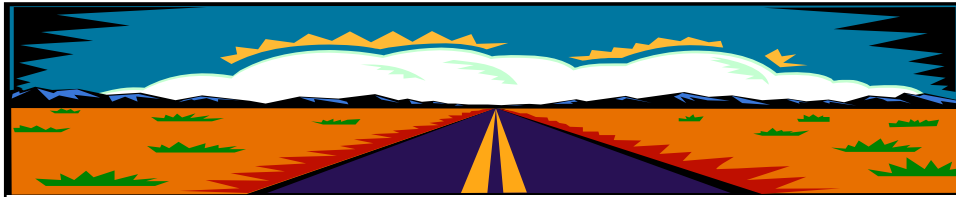
● Weave into the Fabric of the Organization



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

**Safe travels!**

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## CONTACT US

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