

Infusing Cultural and Linguistic Competence into Health Promotion Training

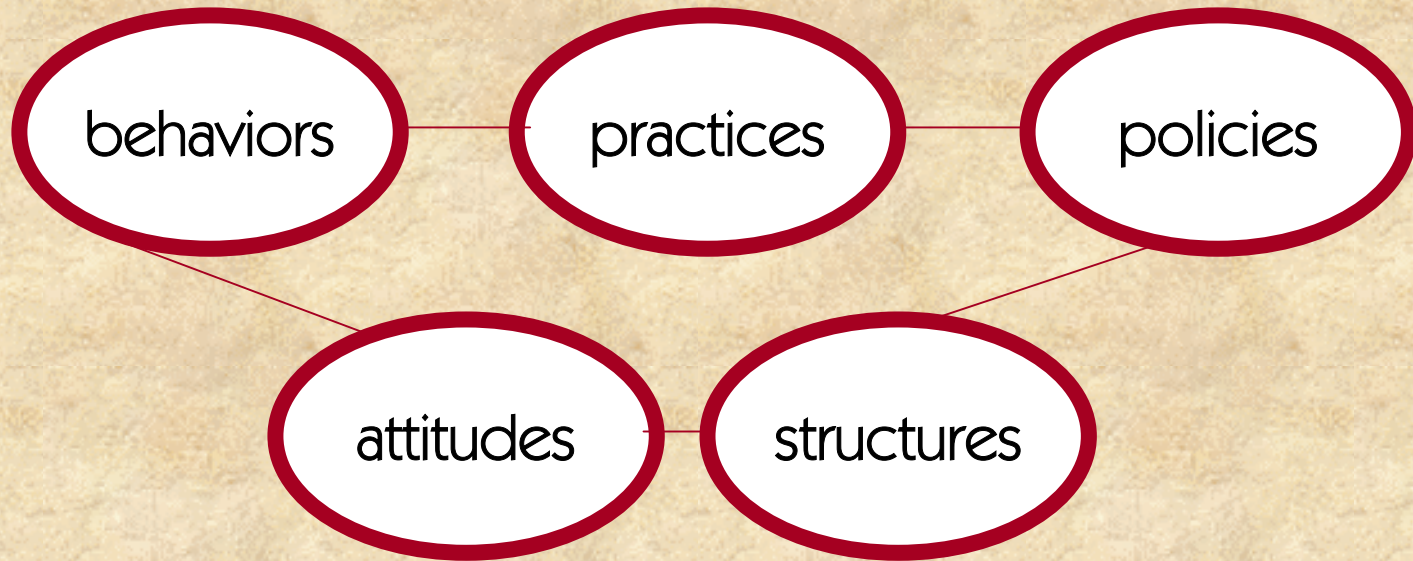
Slides to Accompany the Training DVD
Developed by the National Center for
Cultural Competence
Winter 2005



Cultural & Linguistic Competence Frameworks



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 from Cross, Bazron, Dennis and Isaacs, 1989)

Culture

Culture is an integrated pattern of human behavior which includes but is not limited to - thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, social or political group; the ability to transmit the above to succeeding generations; dynamic in nature

Developed by the National Center for Cultural Competence, 2001

Slide Source: The National Center for Cultural Competence, 2004

Culture

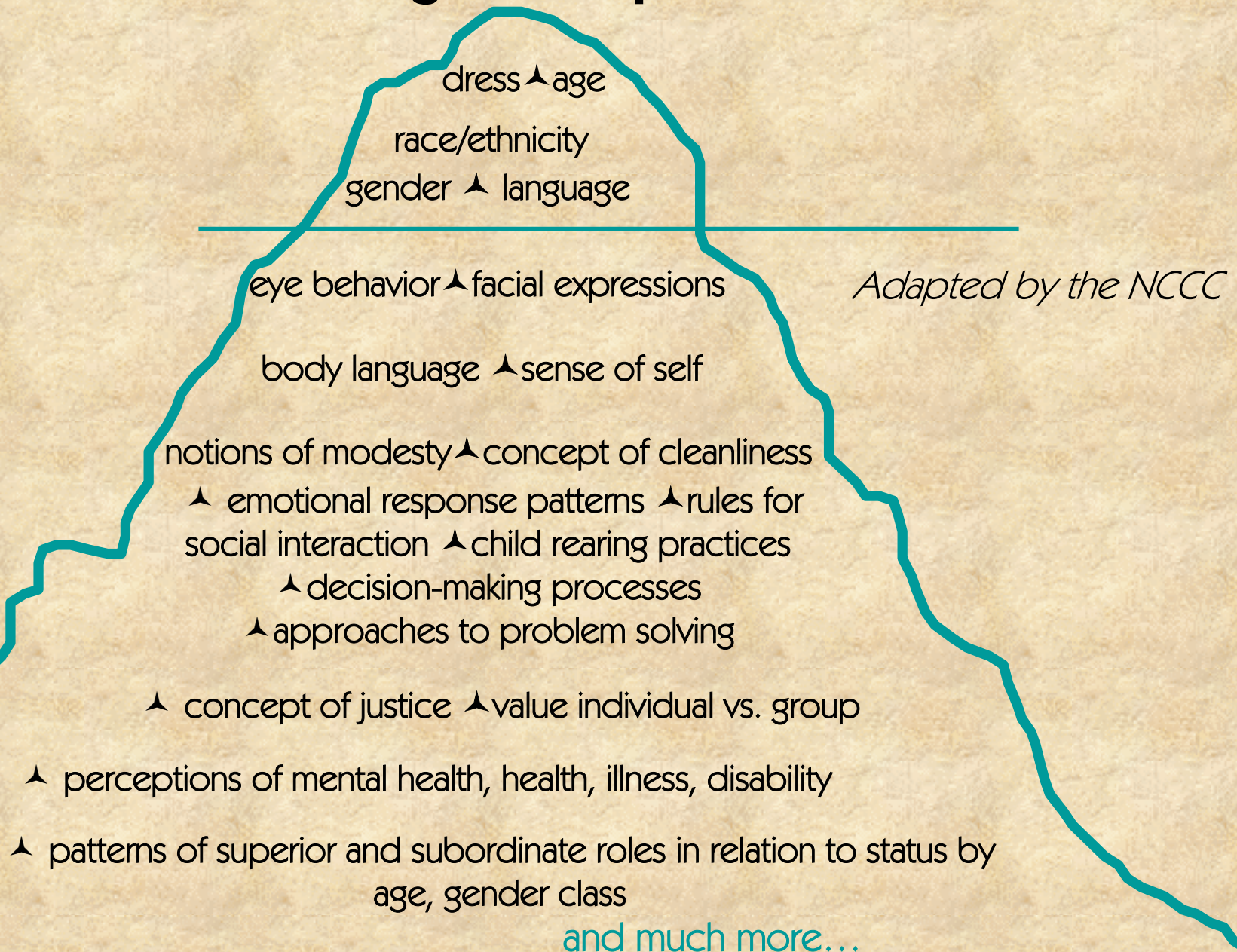
Culture is akin to being the person observed through a one-way mirror; everything we see is from our own perspective.



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)

An Iceberg Concept of Culture



An Iceberg Concept of Culture



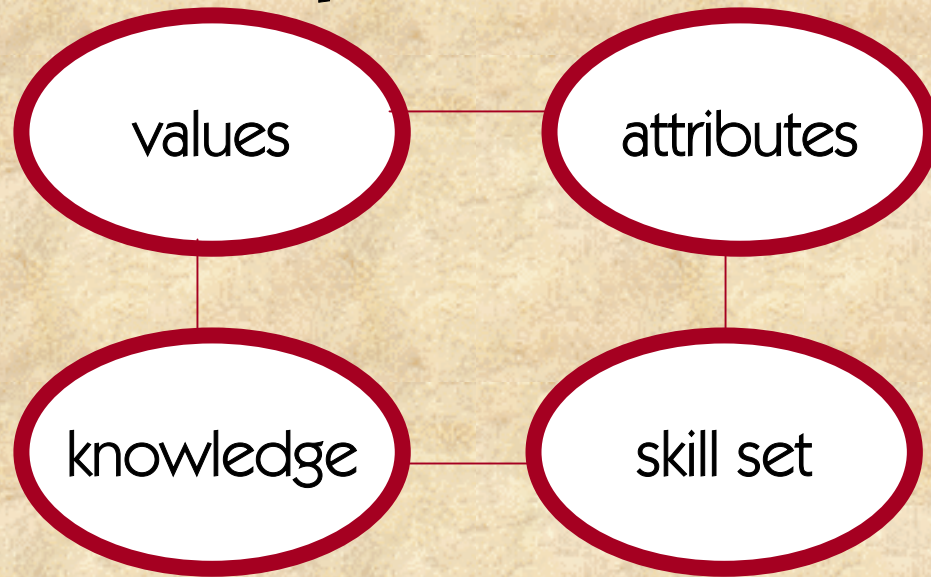
The iceberg concept of culture is widely used and available in the public domain, for example see:

Culture Matters www.peacecorps.gov

or

www.genderandpeacekeeping.org

Competence



requires values, attributes, knowledge and a skill set to work effectively cross-culturally.

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

Slide Source: The National Center for Cultural Competence, 2004

Five Elements of Cultural Competence

Organizational Level

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

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

ESSENTIAL ELEMENTS IN A CULTURALLY COMPETENT SYSTEM

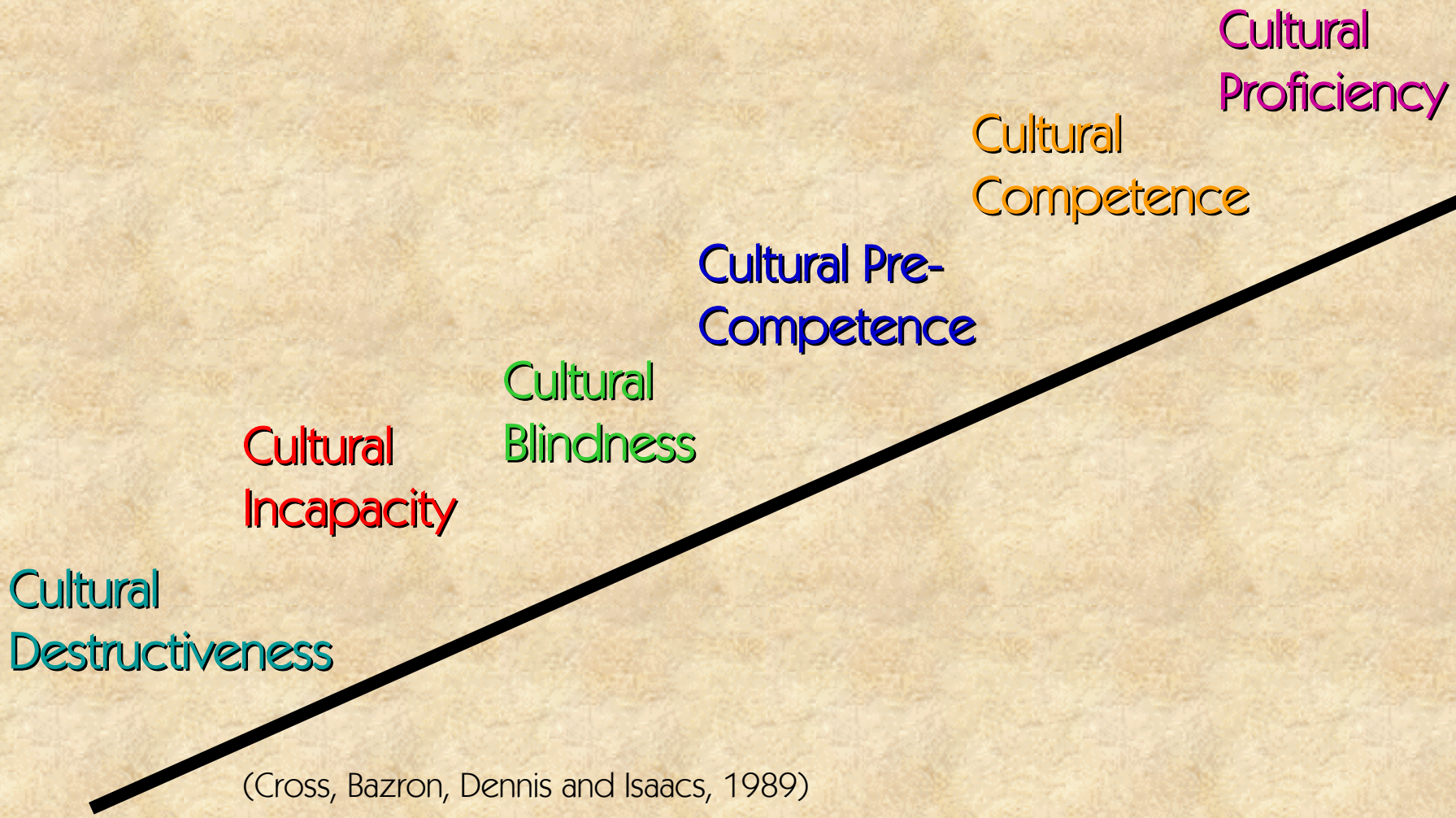
These five elements must be manifested at every level of an organization including:

- policy making
- administrative
- practice/service delivery
- consumer/family
- community

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

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

CULTURAL COMPETENCE CONTINUUM



(Cross, Bazron, Dennis and Isaacs, 1989)



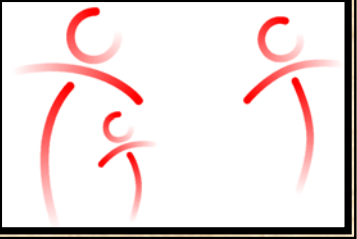
Linguistic Competence

- 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 are not literate or have low literacy skills, and individuals with disabilities
- policy, structures, practices, procedures and dedicated resources to support this capacity



Goode & Jones, Revised 2003, National Center for Cultural Competence

Slide Source: National Center for Cultural Competence, 2004



Linguistic Competence

- bilingual/bicultural staff
- cultural brokers
- Multilingual telecommunication systems
- TTY
- foreign language interpretation services
- sign language interpretation services
- ethnic media in languages other than English
- print materials in easy to read and low literacy formats (e.g. picture and symbol formats)
- materials in alternative formats (e.g. audiotape, Braille, enlarged print)

Goode & Jones, Revised 2003, National Center for Cultural Competence

Slide Source: The National Center for Cultural Competence, 2004

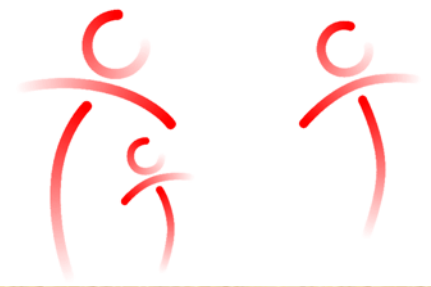


Linguistic Competence

- varied approaches to share information with individuals who experience cognitive disabilities
- translation of:
 - legally binding documents (e.g. consent forms, confidentiality and patient rights statements, release of information, applications)
 - signage
 - health education materials
 - public awareness materials & campaigns

Principles of Community Engagement



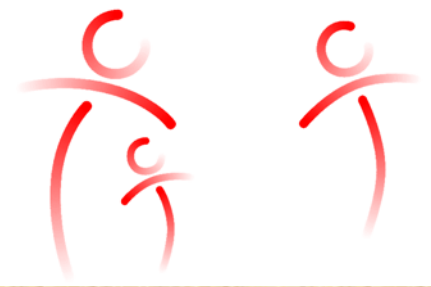


Community Engagement

- Cultural competence extends the concept of self-determination to the community.*
- Cultural competence involves working in conjunction with natural, informal support and helping networks within culturally diverse communities.
 - neighborhood, civic, and advocacy associations
 - local & neighborhood merchants and alliance groups
 - ethnic, social, and religious organizations
 - spiritual leaders and healers

Goode & Brown . 1997

* Cross, Bazron, Dennis & Isaacs, 1989



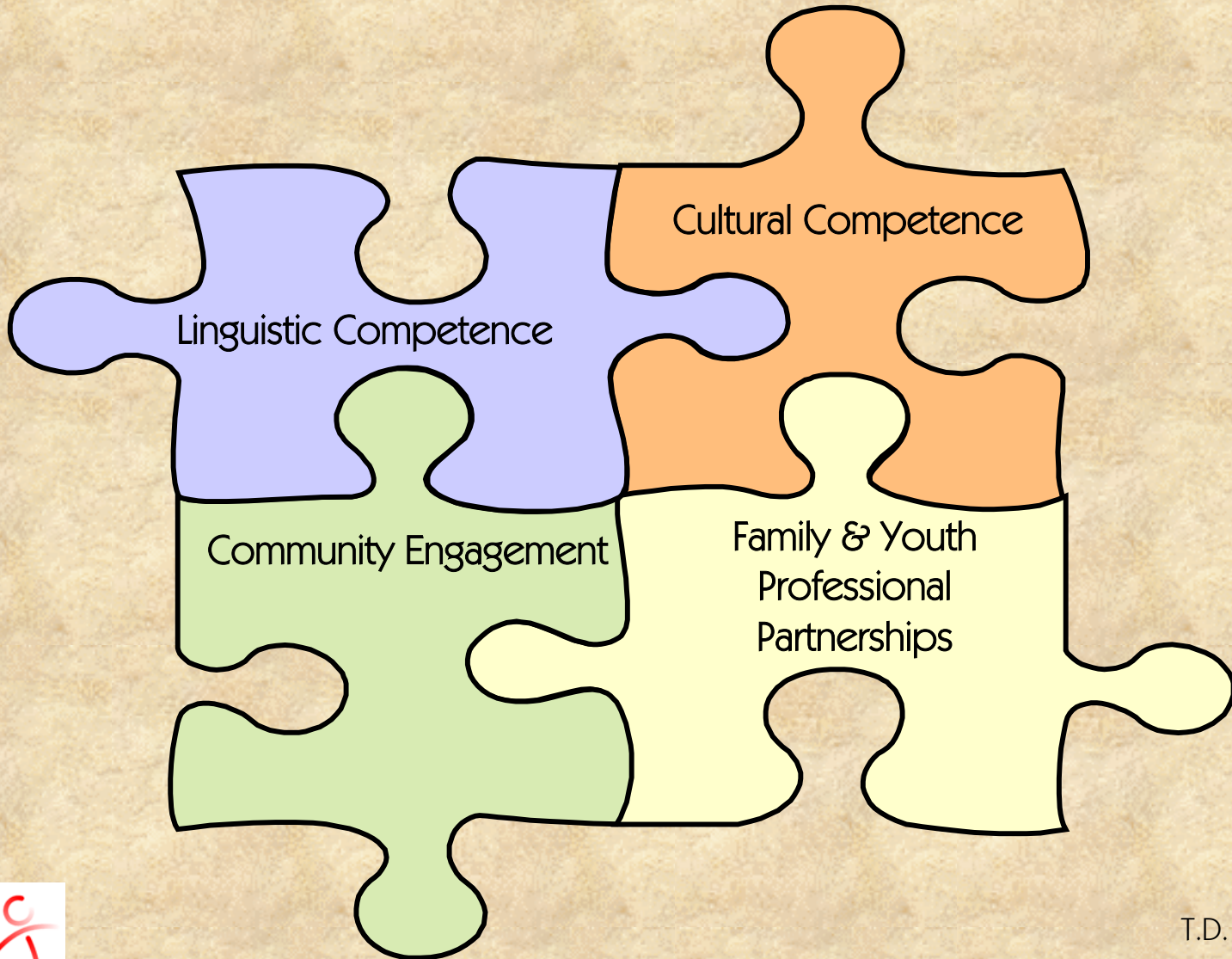
Community Engagement

- Communities members are full partners in decision-making.
- Communities should benefit economically from collaboration.
- Community engagement should result in the reciprocal transfer of knowledge and skills between all collaborators and partners.

Goode & Brown . 1997
• Cross, Bazron, Dennis & Isaacs, 1989

INTEGRALLY LINKED

Pieces of the Same Puzzle



T.D. Goode

Slide Source: National Center for Cultural Competence, 2004



As a culturally competent _____
I am capable of interacting positively with
people who do NOT

look like,
talk like,
think like,
believe like,
act like,
live like...

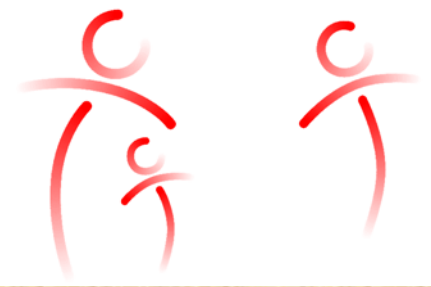
ME!!!

(Modified from Multnomah County Department of Health)

Slide Source: The National Center for Cultural Competence, 2004

Infusing Cultural and Linguistic Competence into Training for Health Promotion

Community Engagement

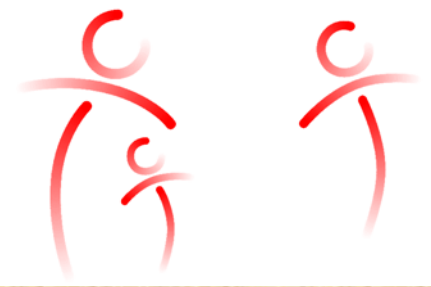


Principles of Culturally and Linguistically Competent Community Engagement

- Cultural competence extends the concept of self-determination to the community.*
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Goode & Brown . 1997

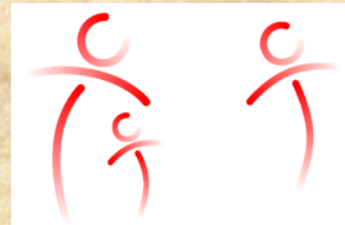
*Cross, Bazron, Dennis & Isaacs, 1989

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

Slide Source: National Center for Cultural Competence, 2004



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

Slide Source: National Center for Cultural Competence, 2004



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

Slide Source: National Center for Cultural Competence, 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

Slide Source: National Center for Cultural Competence, 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

Slide Source: National Center for Cultural Competence, 2004



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

Slide Source: National Center for Cultural Competence, 2004

Who can fulfill the role of cultural broker?

Cultural brokers may be any of the following:

- youth
- outreach & lay health worker
- peer mentor
- advocate
- community member
- administrator
- nurse, physician, 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

Slide Source: National Center for Cultural Competence, 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
- 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

Slide Source: National Center for Cultural Competence, 2004



Knowledge, Skills & Awareness for Cultural Brokers

AWARENESS

- own cultural identify
- cultural identify of members of diverse communities
- social political & economic factors affecting diverse communities

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

Slide Source: National Center for Cultural Competence, 2004



Knowledge, Skills & Awareness for Cultural Brokers

KNOWLEDGE

- values, beliefs & practices related to illness, health, mental health & well-being of cultural groups
- traditional or indigenous health and mental health care networks within diverse communities
- medical, health care and mental health care systems

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

Slide Source: National Center for Cultural Competence, 2004



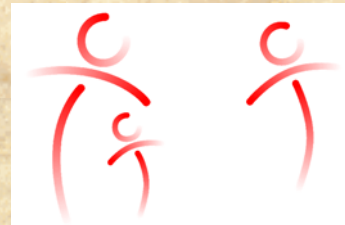
Knowledge, Skills & Awareness for Cultural Brokers

SKILLS

- communicate in cross-cultural context
- communicate in 2 or more languages
- interpret and/or translate information
- advocate with & on behalf of children, youth & families
- negotiate health, mental health & other service delivery systems
- mediate & manage conflict

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

Slide Source: National Center for Cultural Competence, 2004



Health Belief Model and Culturally and Linguistically Competent Health Promotion

- Applying the Model
 - Adapted by the National Center for Cultural Competence from Rosenstock, Strecher and Becker, 1994

Elements of Health Belief Model

- Perceived Threat
 - Perceived susceptibility
 - Perceived severity
- Perceived Benefits
- Perceived Barriers
- Cues to Action
- Self -efficacy

•Adapted by the National Center for Cultural Competence from Rosenstock, Strecher and Becker, 1994

Perceived Susceptibility—Cultural & linguistic considerations

- Will I “get” this disease, will this negative outcome happen to me or my family?
- Knowledge in community
- Literacy level
- English proficiency
- Culturally-based health beliefs and values
 - What causes problems
 - What protects from problems

Perceived Severity—Cultural & Linguistic Considerations

- How serious is the condition or consequence for me and my family?
- Previous experiences with trauma
- Expectations for health and life span
- Acceptance based on religious or spiritual beliefs

Perceived Benefits—Cultural & linguistic Considerations

- Will the change in behavior work to prevent this problem for me and my family?
- Health beliefs
 - What causes problem
 - What protects against it
- Trust in health/medical/mental health system
- Trust in information from government/official sources

Perceived Barriers—Cultural and Linguistic Considerations

- How difficult will it be (psychologically or economically) for me and my family to make the behavior change?
- Economics
- Going against traditions or advice of elders
- Language barriers to understanding behavior change message

Cues to Action—Cultural and Linguistic Considerations

- What strategies will activate readiness to change behaviors?
 - Media campaigns
 - Brochures
 - Word of mouth
 - Etc.
- Credibility of sources
- Preferred ways of getting information
- Literacy
- Preferred language
- Materials and training approaches respectful and reflect population and their values

Self-efficacy—Cultural & Linguistic Considerations

- How confident am I that my family and I can make the behavior change?
- Racism and impact
 - Distrust
 - Learned helplessness
 - Socioeconomic impact
 - Bias, discrimination, stereotyping
- Multiple competing demands/stresses

Infusing Cultural and Linguistic Competence into Training for Health Promotion

Planning for Training

**Values and Guiding
Principles for Assuring
Cultural and Linguistic
Competence in Health
Promotion Messages and
Materials**

Values and Guiding Principles for Assuring Cultural and Linguistic Competence in Health Promotion Messages and Materials

Cultural and linguistically competent health promotion approaches respect cultural values, beliefs and practices of the intended audience.

Source: *A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials*, NCCC, Winter/Spring 2003

Slide Source: NCCC, 2004

Values and Guiding Principles for Assuring Cultural and Linguistic Competence in Health Promotion Messages and Materials

Culturally and linguistically competent health promotion is always undertaken within a context.

Source: *A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials*, NCCC, Winter/Spring 2003

Slide Source: NCCC, 2004

Values and Guiding Principles for Assuring Cultural and Linguistic Competence in Health Promotion Messages and Materials

Culturally and linguistically competent health promotion recognizes the family and community as primary systems of support and intervention.

Source: *A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials*, NCCC, Winter/Spring 2003

Slide Source: NCCC, 2004

Values and Guiding Principles for Assuring Cultural and Linguistic Competence in Health Promotion Messages and Materials

Culturally and linguistically competent health promotion assures that its efforts exist in concert with natural and informal health care support systems.

Source: *A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials*, NCCC, Winter/Spring 2003

Slide Source: NCCC, 2004

Values and Guiding Principles for Assuring Cultural and Linguistic Competence in Health Promotion Messages and Materials

Culturally and linguistically competent health promotion assures meaningful involvement of community members and key stakeholders.

Source: *A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials*, NCCC, Winter/Spring 2003

Slide Source: NCCC, 2004

Steps for Choosing for Planning Health Promotion Training

Step 1

- Determine the need for the health promotion effort and materials to support it.

Source: *A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials*, NCCC, Winter/Spring 2003

Slide Source: NCCC, 2004

Step 2

- Identify and engage key community partners.

Source: A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials, NCCC, Winter/Spring 2003

Slide Source: NCCC, 2004

Step 3

- Determine the focus and intended audience for the health promotion effort and the materials to support it.

Source: *A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials*, NCCC, Winter/Spring 2003

Slide Source: NCCC, 2004

Step 4

- Understand the intended audience.
 - Beliefs, values, knowledge
 - Credible sources
 - Preferred language
 - Preferred mode of getting information
 - Motivation for change

Source: *A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials*, NCCC, Winter/Spring 2003

Slide Source: NCCC, 2004

Step 5

- Elicit reactions from the intended audience.

Source: A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials, NCCC, Winter/Spring 2003

Slide Source: NCCC, 2004

Non-content Considerations for Infusing Cultural and Linguistic Competence Into Training

- Consider the venue—accessibility, power issues, meaning to the community
- Etiquette for hosts and guests
- Food—meaning, cultural/religious considerations
- Consider dates/times appropriate for participants

Source: *A Planner's Guide: Infusing Principles, Content and Themes Related to Cultural and Linguistic Competence into Meetings and Conferences*, NCCC, Winter 2000

Slide Source: NCCC, 2004

Infusing Cultural and Linguistic Competence Into Training

- Consider how culture relates to the topic
- Use case studies, scenarios and vignettes that reflect diverse cultural perspectives appropriate to the audience
- Insure that graphics and pictures on handouts and visual aids reflect culturally and ethnically diverse groups appropriate for audience

Source: *A Planner's Guide: Infusing Principles, Content and Themes Related to Cultural and Linguistic Competence into Meetings and Conferences*, NCCC, Winter 2000

Slide Source: NCCC, 2004

Infusing Cultural and Linguistic Competence Into Training

- Use language and literacy levels appropriate for the audience
- Use statistics and data that include information about racially, ethnically and linguistically diverse groups when appropriate
- Meet with trainees/community members prior to training to understand their values and beliefs

Source: *A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials*, NCCC, Winter/Spring 2003

Slide Source: NCCC, 2004