Making Cultural and Linguistic Competence REAL!!!
Introduction and Strategies

Vivian H. Jackson, Ph.D.
National Center for Cultural Competence
Georgetown University Center for Child and Human Development
Washington, DC

This product is supported by Florida Department of Children and Families Substance Abuse and Mental Health Program Office funding.
Why are we having this discussion??

- Racial and ethnic disproportionality in child welfare
- Disproportionate minority contact in juvenile justice
- Under and over-representation in special education
- Achievement gap in school performance
- Disparities in mental health status and services

*Across categories of race, ethnicity, sexual orientation, gender identity/expression, faith community, geography, language, national origin, and disability.*
Two Related Responses

Social Justice –
My circumstance and behavior is related to how society treats me because I am labeled as a member of a given cultural group

Cultural History –
My circumstance and behavior is a function of my cultural traditions
Who are we?
## 2011 Florida Population by Sex, Race and Hispanic Origin

<table>
<thead>
<tr>
<th>Race and Hispanic Origin</th>
<th>Total Population</th>
<th>Not Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>14,535,897</td>
<td>10,927,459</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>4,355,051</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>3,046,628</td>
<td>2,922,969</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>63,416</td>
<td>42,523</td>
</tr>
<tr>
<td>Asian</td>
<td>463,164</td>
<td>455,941</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>12,545</td>
<td>10,931</td>
</tr>
<tr>
<td>Two or more races</td>
<td>423,481</td>
<td>306,171</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>512,411</td>
<td>36,497</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, 2010 American Fact Finder, 2011 American Community Survey, Table DP05

Slide Source: © 2013 - National Center for Cultural Competence
## Top 10 Countries of Birth of Legal Permanent Residents in Florida in 2011

<table>
<thead>
<tr>
<th>Country</th>
<th>Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuba</td>
<td>29,700</td>
</tr>
<tr>
<td>Haiti</td>
<td>11,446</td>
</tr>
<tr>
<td>Colombia</td>
<td>8,161</td>
</tr>
<tr>
<td>Jamaica</td>
<td>5,605</td>
</tr>
<tr>
<td>Venezuela</td>
<td>4,954</td>
</tr>
<tr>
<td>Mexico</td>
<td>3,434</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>3,248</td>
</tr>
<tr>
<td>Peru</td>
<td>3,230</td>
</tr>
<tr>
<td>Brazil</td>
<td>2,692</td>
</tr>
<tr>
<td>Philippines</td>
<td>2,274</td>
</tr>
</tbody>
</table>

Total: 109,229


Slide Source: © 2013 - National Center for Cultural Competence
### Languages Spoken at Home in Florida in 2011

#### Total Population 5 years and over 17,983,218

<table>
<thead>
<tr>
<th>Language Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>English only</td>
<td>13,024,032</td>
</tr>
<tr>
<td>Total other languages</td>
<td>4,959,186</td>
</tr>
<tr>
<td>Speak Spanish or Spanish Creole</td>
<td>3,646,758</td>
</tr>
<tr>
<td>Speak Indo European languages</td>
<td>944,748</td>
</tr>
<tr>
<td>[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]</td>
<td></td>
</tr>
<tr>
<td>Speak Asian and Pacific Island languages</td>
<td>265,511</td>
</tr>
<tr>
<td>[Chinese, Japanese, Korean, Mon-Kymer, Cambodian, Miao, Hmong, Thai, Laotian, Vietnamese, Tagalog, other Pacific Island language]</td>
<td></td>
</tr>
<tr>
<td>Other Languages</td>
<td>102,169</td>
</tr>
<tr>
<td>[Navajo, Other Native American languages, Hungarian, Arabic, Hebrew, African languages, other unspecified languages]</td>
<td></td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American FactFinder, 2011 American Community Survey- 1 Year Estimates, Table S1601

© 2013 - National Center for Cultural Competence
### Language Spoken at Home and Ability to Speak English in Florida

<table>
<thead>
<tr>
<th>Population 5 years and over</th>
<th>Native</th>
<th>Foreign born</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language other than English</td>
<td>13.9%</td>
<td>80.8%</td>
</tr>
<tr>
<td>speak English “very well”</td>
<td>11.4%</td>
<td>32.5%</td>
</tr>
<tr>
<td>speak English “less than very well”</td>
<td>2.5%</td>
<td>48.2%</td>
</tr>
</tbody>
</table>

Data Source: Migration Policy Institute, Table 1 Change in the Limited English Proficient Population of Florida, 1990-2011

Slide Source: © 2013 - National Center for Cultural Competence
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 Florida in 2011

<table>
<thead>
<tr>
<th>All households</th>
<th>7.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households speaking--</td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>28.9%</td>
</tr>
<tr>
<td>Other Indo-European languages</td>
<td>19.2%</td>
</tr>
<tr>
<td>Asian and Pacific Island languages</td>
<td>20.5%</td>
</tr>
<tr>
<td>Other languages</td>
<td>17.2%</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American FactFinder, 2011 American Community Survey- 1 Year Estimates, Table S1602
### Religious Affiliations

**Florida**

<table>
<thead>
<tr>
<th>Religious Affiliation</th>
<th>Number of Adherents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evangelical Protestant</td>
<td>2,244,419</td>
</tr>
<tr>
<td>Mainline Protestant</td>
<td>948,419</td>
</tr>
<tr>
<td>Orthodox</td>
<td>37,758</td>
</tr>
<tr>
<td>Catholic</td>
<td>2,596,148</td>
</tr>
<tr>
<td>Other</td>
<td>749,461</td>
</tr>
<tr>
<td>Unclaimed by denominations</td>
<td>9,406,173</td>
</tr>
</tbody>
</table>

Includes: Jewish Estimate: - 628,485
Includes: Muslim Estimate: – 31,661


*Archives 188 denominations. Does not include historically African American denominations.*
THE SOCIAL JUSTICE SIDE OF THE STORY
What’s in a Word?

- Disproportionate minority contact
- Disparities in mental health care
- Overrepresentation
- Inequalities
- Disparities in mental health status
- Social Justice
- Inequities
- ISMS
- Equity
- Disproportionality
A health disparity is a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion.

(Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, 2008)
Definitions

• **Disparity in health care**
  Any difference in health care quality not due to differences in health care needs or preferences (includes, discrimination, and differences in insurance, access, quality)

• **Disparity in health status**
  Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States

Disparities in Mental Health Care: The Five A’s

- **Availability**
  - Does it exist?

- **Accessibility**
  - Ease and convenience to obtain and use the service

- **Affordability**
  - Costs to the consumer and financial viability of the service provider

- **Appropriateness**
  - Correctness, effectiveness, quality

- **Acceptability**
  - Congruent with cultural, beliefs, values, world view

(Jackson, 2008)

Slide Source:© 2013 - National Center for Cultural Competence
According to The School of Rural Public Health, Texas A&M, the suicide rate among rural males is higher than among their urban counterparts across the nation. This is an example of:

A. Disparity in Health Status
B. Disparity in Health Care
Polling Question #2

Examine the images in the following slide. The darker the color of the first image, the denser the population of African Americans in this city. Each symbol in the second image represents the location of mental health providers. A comparison of the two images might raise questions about services for AA regarding:

A. Availability
B. Accessibility
C. Affordability
D. Acceptability
E. Appropriateness
Population Density
African Americans

Location of
Mental Health Providers
UNDERSTANDING ROOT CAUSES
Causal Factors

- Interpersonal barriers
- Systemic factors
- Social determinants
- Cultural group factors
Interpersonal Factors

• Social Beliefs
  – Social status
  – Stereotypes

• Social Cognition
  – Prejudice and Stress Response
    • Conscious bias
    • Unconscious bias
Subtle forms of bias...

• Privilege
  – race
  – gender
  – class
  – Religion

• Micro-aggressions
  – Micro-assault
  – Micro-insult
  – Micro-invalidation

(McIntosh, Peggy. 1988, Sue, Derald Wing, et.al, 2007)
Mental Health Disparities

Over-representation in:
- Juvenile Justice
- Child Welfare
- Education

Question then becomes how do these two areas impact each other?

(Hernandez, M, 2007)

Causal Factors: Interaction of Multiple Systems
Causal Factors:
System Factors

- Attitudes, stereotypes & beliefs of providers
- Lack of outreach, screening and early intervention (deep-end focus)
- Lack of cultural competence
- Lack of linguistic competence
- Lack of inclusion in research
- Bidirectional gap between science and practice
- Fragmented mental health system (separate adult/child; public/private)
- Limited mental health insurance parity
- Mal-distribution and major workforce shortages
- Under-resourced community based services

(Adapted from Isaacs, 2003)
Causal Factors:
Cultural Group Factors

- Mental health beliefs, values, preferences, and behaviors
- Differences in the recognition of symptoms
- Different thresholds for seeking care
- Challenged ability to communicate symptoms to provider who understands their meaning
- Challenged ability to understand the prescribed management strategy
- Different expectations of care
- Adherence to preventive measure and medications
- Attribution of religion and other culturally sanctioned belief systems

(Bentacourt, 2003, Chow, 2003)
Racial and ethnic differences in “social vulnerability”

– The contextual factors (e.g. gender relations; racial discrimination; political and economic circumstances, including poverty) that differentially and adversely impact various populations

(Amaro, 2005)
Causal Factors: Social Determinants

• Neighborhoods with concentration of poverty
  – unemployment, homelessness, crime, substance abuse, residential turnover

• Dearth of services
  – under-resourced safety net providers only options available

• Inadequate health insurance

(Chow, 2003)
Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. (World Health Organization)

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods
- Social norms and attitudes, such as discrimination
- Exposure to crime, violence, and social disorder, such as the presence of trash
- Social support and social interactions
- Exposure to mass media and emerging technologies, such as the Internet or cell phones
- Socioeconomic conditions, such as concentrated poverty
- Quality schools
- Transportation options
- Public safety
- Residential segregation

Healthy People 2020
Poll Question

Which type of causal factor has received the most attention in your organization?

a. Interpersonal
b. Group
c. Systemic
d. Social determinants
Your view regarding the cause of disparities

 Leads to

The solutions you consider and implement

SOLUTIONS!!!
Solutions???
An Aligned Approach

Linked Goals

Eliminating Mental Health Disparities and Beyond
Reducing Over-Representation in Other Sectors

This leads to planning and “solution making” that:
- Focuses on a community as a whole
- Focuses on the linkages across sectors

(Hernandez, 2007)
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)
Definition: Within a framework of addressing mental health disparities within a community, the level of a human service organization’s/system’s cultural competence can be described as the degree of compatibility and adaptability between the cultural/linguistic characteristics of a community’s population AND the way the organization’s combined policies and structures/processes work together to impede and/or facilitate access, availability and utilization of needed services/supports (Cross, Bazron, Dennis, & Isaacs, 1989; Siegel, 2004; CMHS, 1997).

Solutions??
Linguistic Competence

(Goode & Jones, Revised 2004)
Solutions???

• Tackling the Attitudinal Barriers
  – “Undoing Racism” Programs
  – Reconciliation Initiatives
  – Know Yourself

• Tackling the Institutionalized Barriers
  – Equity Policy Analysis

• Workforce Improvements
  – Diversity
  – CLC

Slide source: Copyright © 2013 National Center for Cultural Competence, Georgetown University
Solutions???

• Improvements in access
  – Telepsychiatry
  – Implementation of Title VI, Civil Rights Act

• Improvements in Practice
  – Ethnopharmacology
  – Community Defined Evidence
  – Culturally Adapted Evidence-Based Treatments

• Political Will and Leadership
  – Disparities Impact Statement – SAMHSA Grants
  – Disparities Provisions in the Affordable Care Act

Slide source: Copyright © 2013 National Center for Cultural Competence, Georgetown University
Poll Question

Of the following choices, on which strategy does your agency place the greatest emphasis?

a. Collaboration with other agencies to create mutual solutions to address disparities
b. Training on cultural and linguistic competence for the workforce
c. Linguistic access through the use of interpreters and translated materials
d. Use of culturally adapted EBTs
e. Other
THE CULTURAL SIDE OF THE STORY
**Culture** is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. It includes but is not limited to:

- communication
- thought
- customs
- rituals
- roles
- languages
- values
- relationships
- practices
- courtesies
- beliefs
- expected behaviors
- manners of interacting

Culture applies to racial, ethnic, religious, political, professional, and other social groups. It is transmitted through social and institutional traditions and norms to succeeding generations. Culture is a paradox, while many aspects remain the same, it is also dynamic, constantly changing.

Data Source: Gilbert, J. Goode, T., & Dunne, C., 2007

Slide Source:© 2013 - National Center for Cultural Competence
An Iceberg Concept of Culture

- dress
- age
- gender
- language
- race or ethnicity
- physical characteristics
- eye behavior
- facial expressions
- body language
- sense of self
- notions of modesty
- concept of cleanliness
- emotional response patterns
- rules for social interaction
- child rearing practices
- decision-making processes
- approaches to problem solving
- concept of justice
- value individual vs. group
- perceptions of & beliefs about of mental health, health, illness, disability
- patterns of superior and subordinate roles in relation to status by age, gender, class
- sexual orientation
- gender identity & expression

and much more...

Slide Source: © 2013 - National Center for Cultural Competence
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

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

Slide Source: © 2013 - National Center for Cultural Competence
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

Slide Source: © 2013 - National Center for Cultural Competence
Multiple Cultural Identities
CULTURAL AND LINGUISTIC 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 & Isaacs, 1989.)
Five Elements of Cultural Competence

ORGANIZATIONAL LEVEL

1. value diversity
2. conduct self-assessment
3. manage the dynamics of difference
4. institutionalize cultural knowledge
5. adapt to diversity (values, polices, structures & services)

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

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

Adapted from Cross, Bazron, Dennis, & Isaacs, 1989
Cultural Competence Continuum

(Cross, Bazron, Dennis and Isaacs, 1989)
Five Elements of Cultural Competence

INDIVIDUAL LEVEL

1. acknowledge cultural differences
2. understand your own culture
3. engage in self-assessment
4. acquire cultural knowledge & skills
5. view behavior within a cultural context

(Cross, Bazron, Dennis and Isaacs, 1989)
LINGUISTIC COMPETENCE FRAMEWORK

- DEDICATED FISCAL RESOURCES
- DEDICATED PERSONNEL RESOURCES
- POLICY
- LINGUISTIC COMPETENCE
- PROCEDURES
- PRACTICES
- STRUCTURES

Goode & Jones, Revised 2009, National Center for Cultural Competence
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 groups 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.
Linguistic Competence

- Bilingual/bicultural or multilingual/multicultural 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 2004, National Center for Cultural Competence
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

Goode & Jones, Revised 2004, National Center for Cultural Competence
Health Literacy is......

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

*HP 2010: Health Communication*

Data Source: National Libraries of Medicine, 2000
Health literacy requires the capacity to ...

- Access information
- Access care
- Communicate with professionals
- Provide information
- Understand directions
- Follow regimens
- Recognize cues to action
- Navigate institutions
- Complete forms
- Provide consent
Guiding Values & Principles of Cultural Competence

Organizational

- Systems and organizations must sanction, and in some cases mandate, the incorporation of cultural knowledge into policy making, infrastructure, and practice.

- Cultural competence embraces the principles of equal access and non-discriminatory practices in service delivery.

- Cultural competence is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families.

- Culturally competent organizations design and implement services that are tailored or matched to the unique needs of individuals, children, families, organizations, and communities served.

Slide Source: The National Center for Cultural Competence, 2013
Guiding Values & Principles

**Language Access**

- Services and supports are delivered in the preferred language and/or mode of delivery of populations served.

- Written materials are translated, adapted and/or provided in alternative formats based on the needs and preferences of the population served.

- Interpretation and translation services comply with all relevant federal, state and local mandates.

- Consumers are engaged in evaluation of language access and other communication services to ensure quality and satisfaction.

Slide Source: National Center for Cultural Competence, 2013
Guiding Values & Principles

Community Engagement

- Communities determine their own needs
- Community members are full partners in decision-making
- Communities should economically benefit from collaboration
- Should result in reciprocal transfer of knowledge and skills among all collaborators

Slide Source: National Center for Cultural Competence, 2013
What are the implications for cultural & linguistic in ...

- CORE FUNCTIONS
  What we do ..... 

- HUMAN RESOURCES & STAFF DEVELOPMENT
  Who we are ...

- FISCAL RESOURCES & ALLOCATION
  Where the money goes ...

- COLLABORATION & COMMUNITY ENGAGEMENT
  Who our partners are ...

- CONTRACTS
  Whom do we entrust to deliver services and supports ...
# Characteristics of Culturally and Linguistically Competent Organizations and Systems

<table>
<thead>
<tr>
<th>Philosophy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission statement</td>
</tr>
<tr>
<td>Policies, Structures, Procedures, Practices</td>
</tr>
<tr>
<td>Diverse Knowledgeable Skilled Workforce</td>
</tr>
<tr>
<td>Dedicated Resources &amp; Incentives</td>
</tr>
<tr>
<td>Community Engagement &amp; Partnerships</td>
</tr>
<tr>
<td>Conduct of Research with and for Diverse Communities</td>
</tr>
<tr>
<td>Publish and Disseminate</td>
</tr>
<tr>
<td>Advocacy (disparities, health equity, social justice)</td>
</tr>
</tbody>
</table>

*Slide Source: © 2013 - National Center for Cultural Competence*
A Lifelong Journey ......

....... Towards an Ever-changing Destination
CONTACT US

National Center for Cultural Competence
http://nccc.georgetown.edu
cultural@georgetown.edu

The content of and this PowerPoint presentation are copyrighted and are protected by Georgetown University's copyright policies.

Permission is granted to use this PowerPoint presentation in its entirety and/or individual slides for non-commercial purposes if:
  ▪ the material is not to be altered and
  ▪ proper credit is given to the author(s) and to the National Center for Cultural Competence.

Permission is required if the material is to be:
  ▪ modified in any way
  ▪ used in broad distribution.

To request permission and for more information, contact cultural@georgetown.edu.