



Infusing Cultural and Linguistic Competence into Care for the MCH Population

National Center for Cultural Competence

Georgetown University Center for Child and Human Development

University Center of Excellence in Developmental Disabilities



Demographic Data



Developed by the National Center for Cultural Competence



Population by Race in Alaska

| | |
|--|---------|
| Total Population | 686,293 |
| White | 474,317 |
| Hispanic or Latino | 42,588 |
| Black or African American | 24,883 |
| Asian | 31,826 |
| American Indian and Alaska Native | 87,337 |
| Native Hawaiian and Other Pacific Islander | 3,394 |
| Some other race | 8,553 |
| Two or more races | 55,613 |



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
- Health Literacy
- Perception of Disability
- Perception of Mental Health
- Age & Life Cycle Issues
- Gender & Sexuality
- Sexual Orientation & Identity
- Religion & Spiritual Views
- Spatial & Regional Patterns
- Political Orientation/Affiliation



Cultural Factors That Influence Diversity Among Individuals and Groups



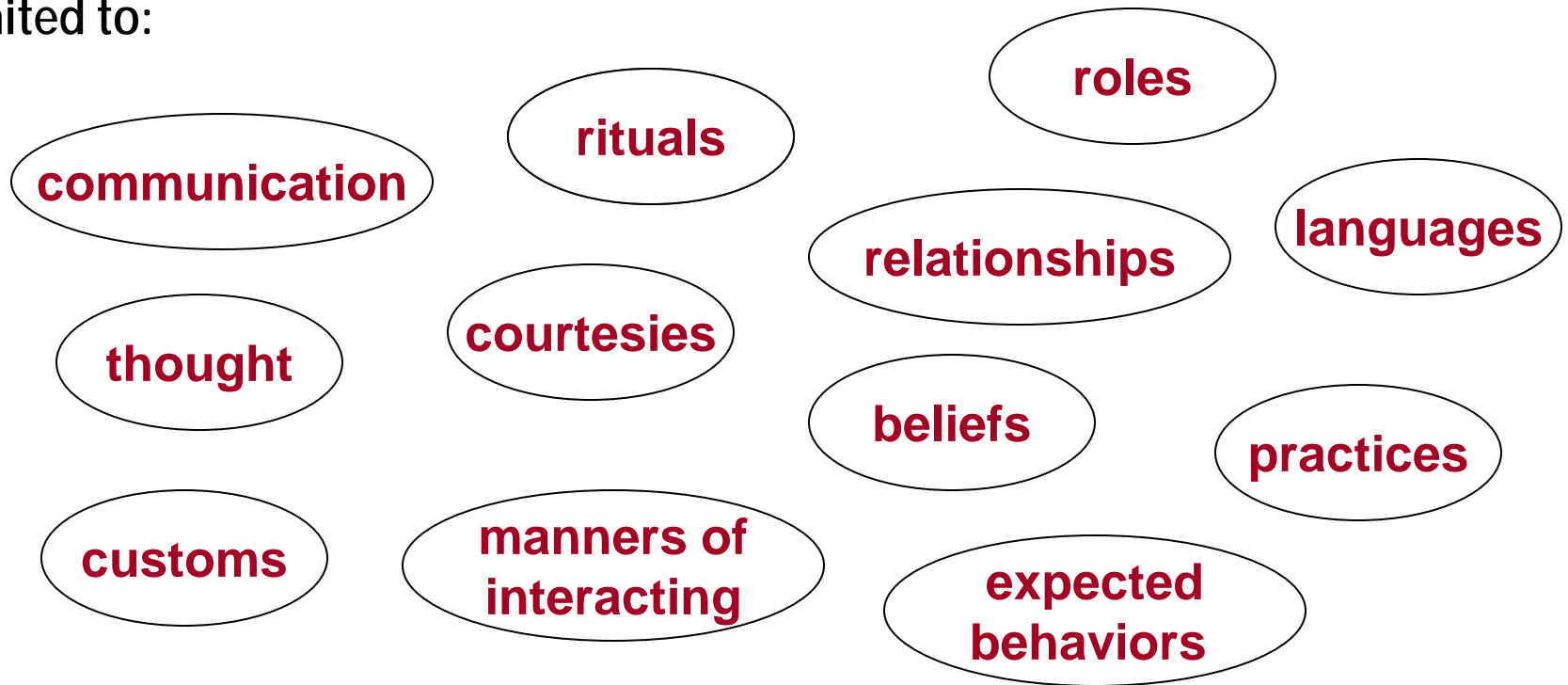
External Factors

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



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.



What Cultural Competence is Not

- Cookbook approaches to specific racial or ethnic groups
- Translating materials into other languages as the only action
- Making alterations in programs/approaches at one point in time
- Treating everyone the same
- Only the concern of providers/employees



Five Elements of Cultural Competence

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)



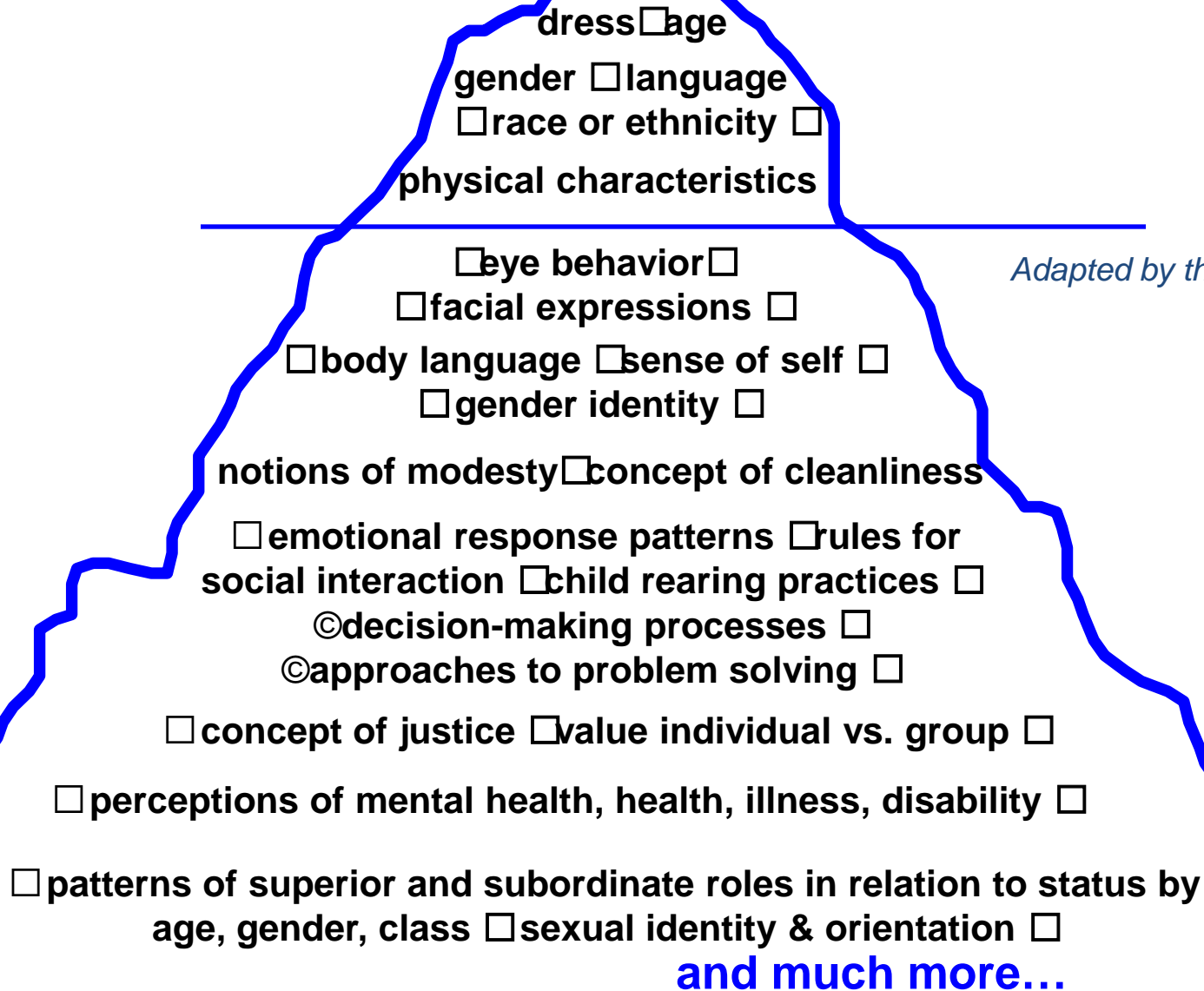
What's Culture Got to Do with It?

Areas that MCH Addresses:

- q Pregnancy
- q Childbirth
- q Sexuality
- q Child rearing/care
- q Child functioning/disability
- q Transition to adulthood
- q Women's health and well-being
- q Fatherhood
- q Health promotion
- q Injury Prevention



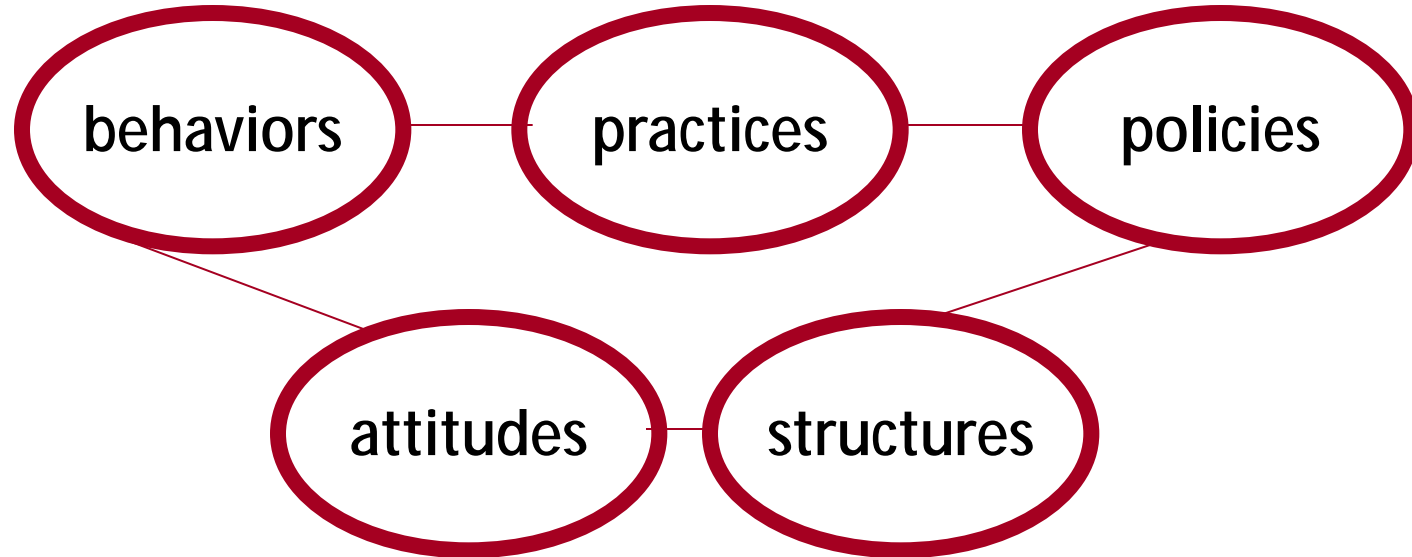
An Iceberg Concept of Culture



Adapted by the NCCC



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)



Layers of Culture

- Home and Community
 - Race, ethnicity
 - National origin
 - Religion
 - Language
 - Age and gender roles



Layers of Culture



- School
 - Social groups and rules
 - What makes someone popular
 - Sports
 - Grades
 - Dress
 - What makes the school different from other schools



Layers of Culture

- Place of work
 - Public agency
 - Education
 - Health
- Professional culture
- Who is important
- What do you value
- How are funds spent



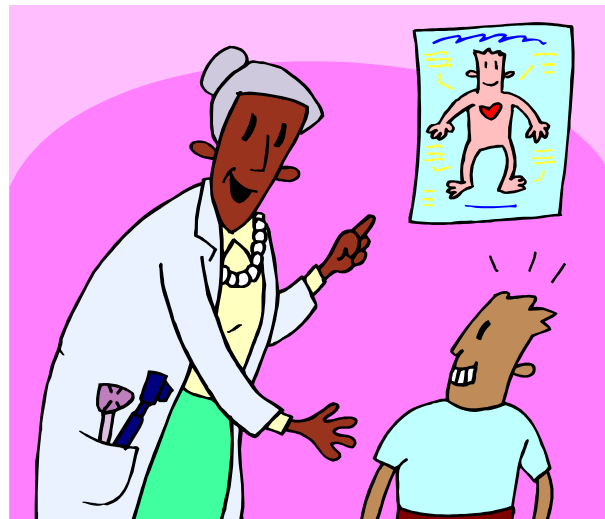
Layers of Culture

- Informal social groups
 - Clubs
 - Service organizations
 - Gangs
 - Scouts



Examining Values and Beliefs

- Who has “jurisdiction”—is this health?
- Is health the most important aspect of this issue?



Examining Values and Beliefs

- What is health?
 - Absence of disease
 - Defined by medicine
 - WHO definition—physical, emotional well-being
 - Absence of sin/purity
 - Harmony (within self, with community, with nature)



Examining Values and Beliefs

- What is a problem that needs to be solved?
 - Physical differences/limitations
 - Prevention of illness
 - Life shortening conditions
 - Behavioral differences
 - Perceptual/cognitive differences
 - Child not reaching potential—getting higher level education



Examining Values and Beliefs

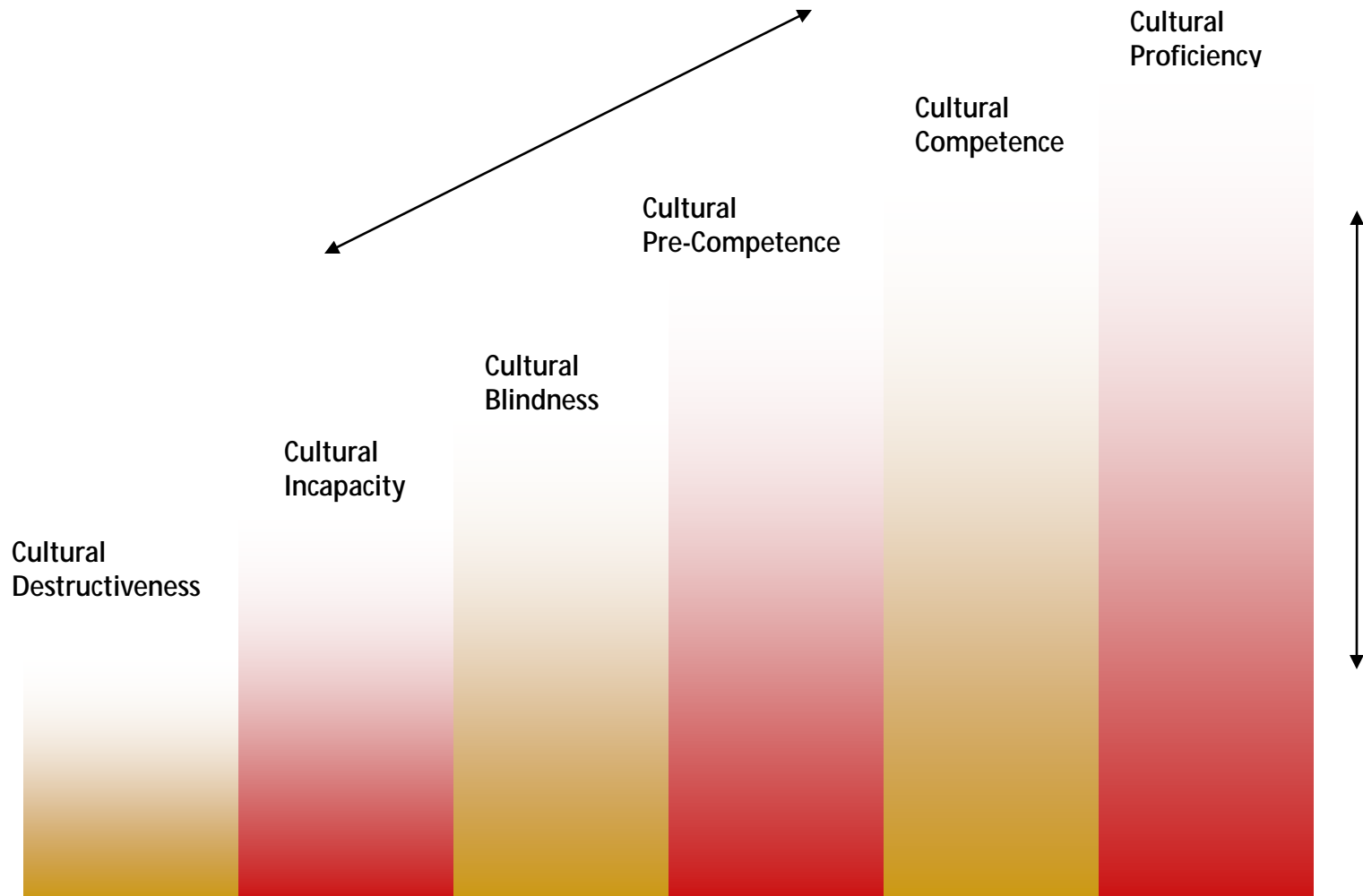


- What causes illness?
 - Germs
 - Punishment
 - Genes
 - Environment
 - Imbalances (e.g. hot/cold)
 - Energy disturbances
 - Supernatural forces



Cultural Competence Continuum

(Cross, Bazron, Dennis and Isaacs, 1989)



Successful Examples

- Engaging credible voices—community elders in Alaska
- Addressing community stigma—Dor Y'shorim
- Finding the right conversation—Genetic newborn screening follow-up with Native American families in NM



What you need to learn from the community

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



Planning for Community Engagement

- Identify the following in the community:
 - Current contacts—individuals
 - Current contacts—organizations
 - Credibility of contacts
 - Potential cultural brokers
 - Concerns or issues community may have with your organization



Questions to ask yourself and the community to clarify the conflicts and congruence

- How do you understand the problem?
- What causes the potential problem?
- What is the norm in your culture related to this behavior?
- What do you believe makes it better?
- How does the context impact what can be done to address the problem?



How to resolve the conflict

- Look for interests not positions
 - Positions are what you say you want
 - Interests are why you want what you want
- Take time to listen and learn
- Negotiate mutually desirable solutions



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



Five Elements of Cultural Competence

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)



Languages Spoken at Home in Alaska

Total Population 5 years and over

634,669

English only

541,009

Total other languages

93,660

Speak Spanish or Spanish Creole

22,750

Speak Indo European languages

12,318

(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

28,536

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

Other Languages

30,038

(Navajo, Other Native American languages, Hungarian, Arabic, Hebrew, African languages, other unspecified languages)



Language Spoken at Home and Ability to speak English in Alaska

| Population 5 years and over | Native | Foreign born |
|--|---------------|---------------------|
| Language other than English | 10.3% | 74.9% |
| Speak English “very well” | 8.2% | 34.7% |
| Speak English “less than very well” | 2.1% | 40.2% |



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 Alaska

All Households **2.3%**

Households speaking --

| | |
|-------------------------------------|-------|
| ■ Spanish | 5.6% |
| ■ Other Indo-European languages | 2.9% |
| ■ Asian and Pacific Island language | 26.8% |
| ■ Other Languages | 8.6% |

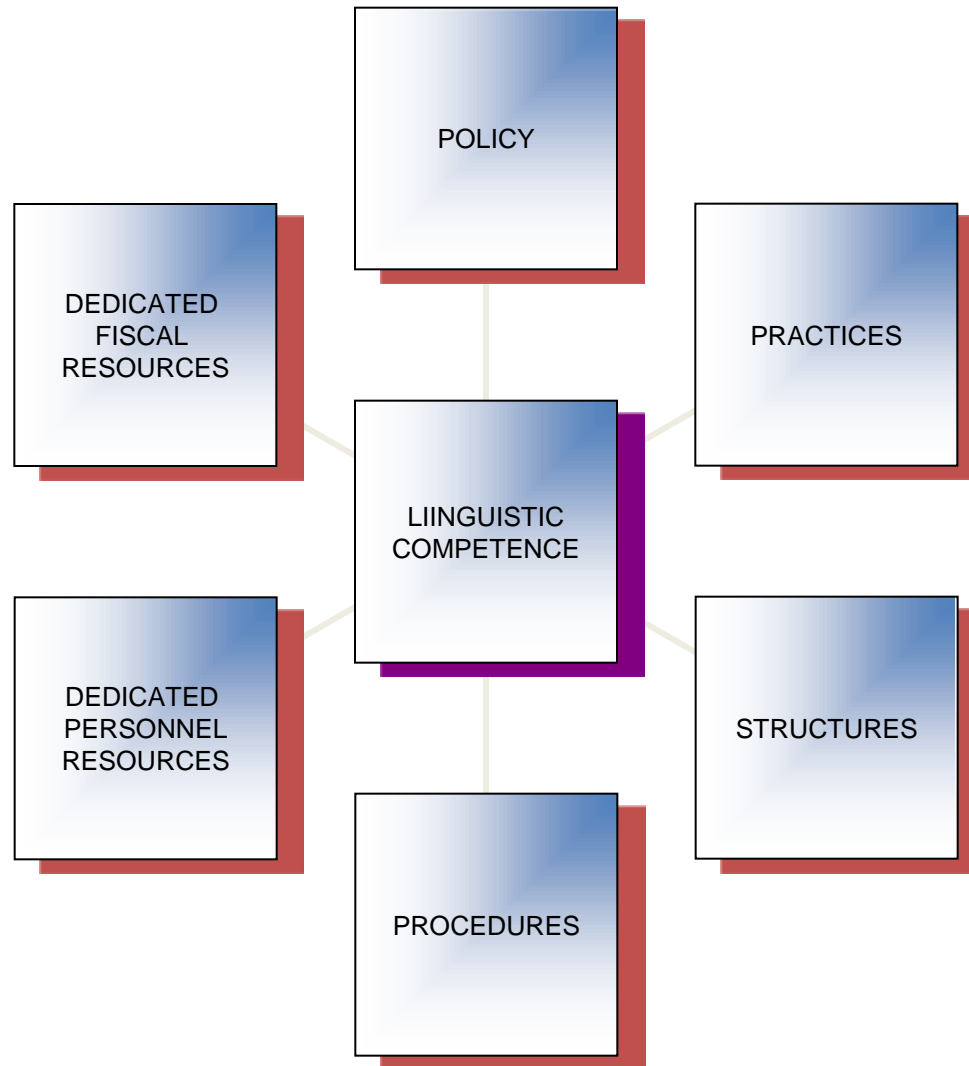


Linguistic Competence

- 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, and individuals with disabilities
- requires organizational and provider capacity to respond effectively to the health literacy needs of populations served
- insures policy, structures, practices, procedures and dedicated resources to support this capacity



LINGUISTIC COMPETENCE FRAMEWORK



Title VI of the Civil Rights Act of 1964

TITLE VI-NONDISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS- SEC. 601.



No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

<http://usinfo.state.gov/usa/infousa/laws/majorlaw/civilr19.htm>

NCCC's WEB RESOURCES

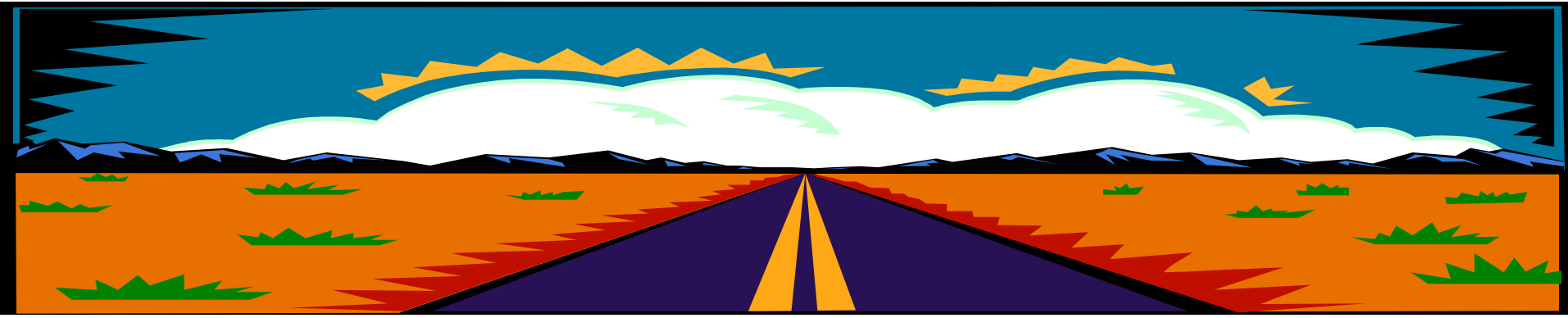


- Publications, Checklists, Tools
- Consultant Pool
- Self-Assessment Instruments
- Promising Practices
- Curricula Module Series
- Spanish Language Portal



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

Safe travels!

