



SAMHSA-HRSA Center for Integrated Health Solutions

The Integration of Cultural and Linguistic Competence in Service Delivery

June 12, 2015

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Today's Purpose

- Recognize the rationale for integrating cultural and linguistic competence into services and supports delivery;
- Identify a conceptual framework for a cultural competence model;
- Illustrate the characteristics of culturally competent individuals and organizations; and
- Propose strategies to enhance capacity to be culturally and linguistically relevant to their service populations.

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**Rationale for integrating
cultural and linguistic
competence into services
and supports delivery**



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Rationale

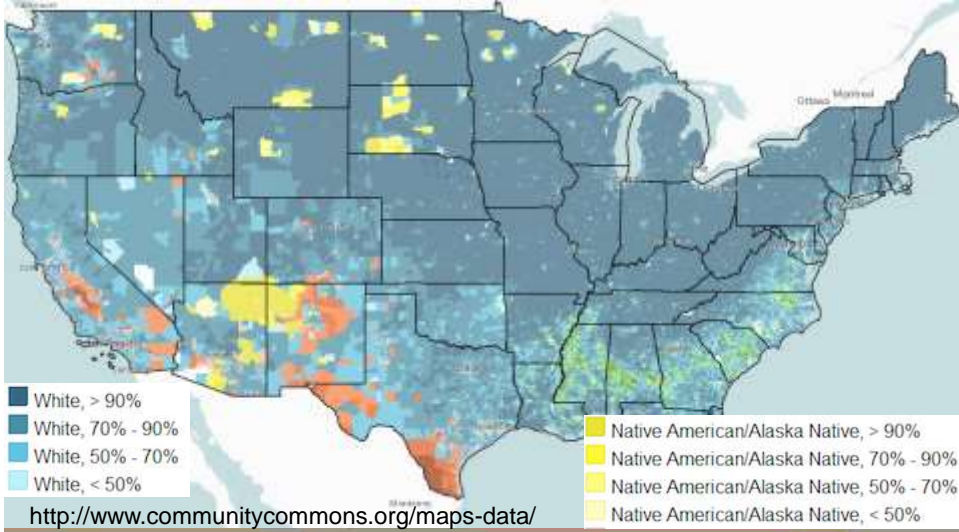
- Eliminate long-standing health disparities
- Respond to current and projected demographic changes
- Improve quality of services and health outcomes
- Meet legislative, regulatory and accreditation mandates
- Gain a competitive edge in the market place
- Decrease risk of liability/malpractice



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Predominant Race/Ethnicity, US Census

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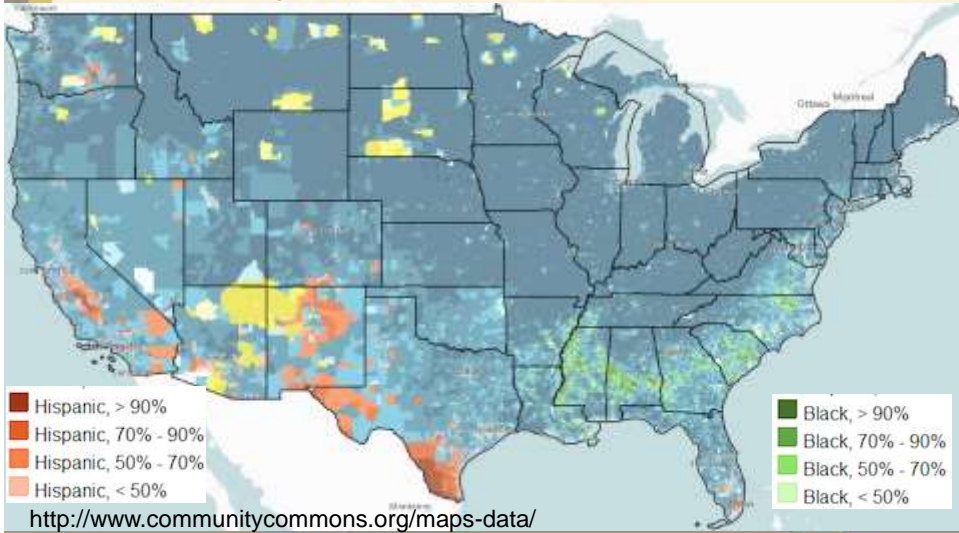
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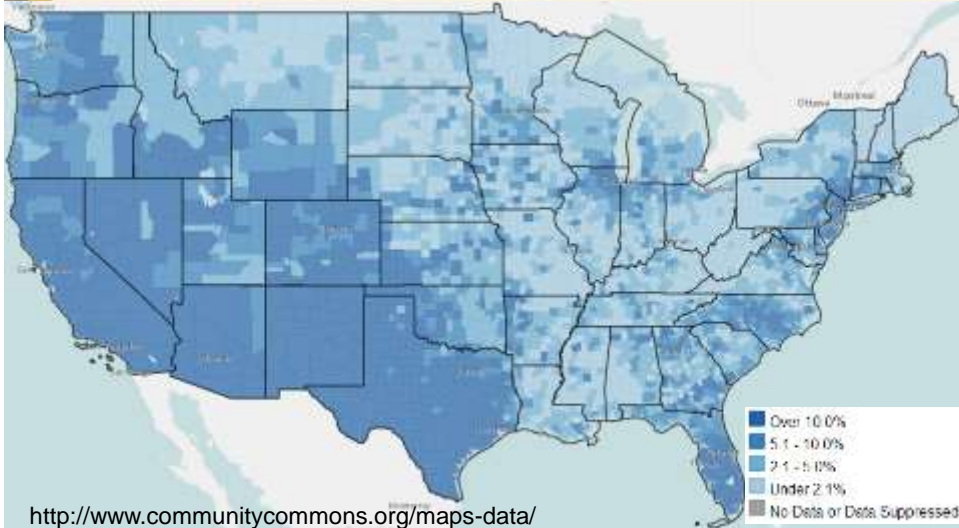
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Population of Hispanic Origin, ACS 2009-13

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<http://www.communitycommons.org/maps-data/>

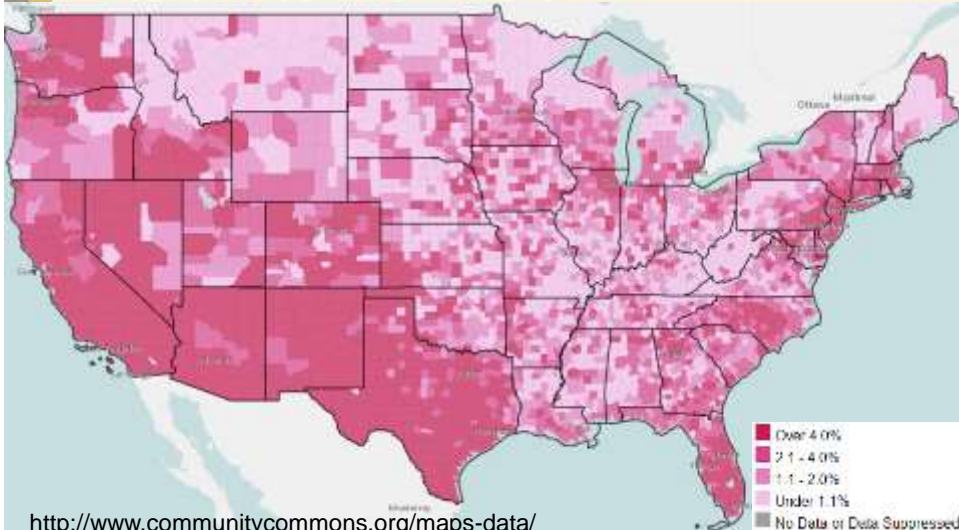
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Population with LEP, ACS 2009-13

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<http://www.communitycommons.org/maps-data/>

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Rationale

- Eliminate long-standing health disparities
- Respond to current and projected demographic changes
- Improve quality of services and health outcomes
- Meet legislative, regulatory and accreditation mandates
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Behavioral Health Disparities

- AI/AN communities – elevated levels of SUDs and higher suicide rates than general population
- Latina youth – highest rates of suicide attempts
- Native Hawaiian and Pacific Islander youth – among highest rates of illicit drug use and underage drinking
- African Americans – among highest unmet needs for treatment of depression and other MH disorders
 - Only ~ 13 percent U.S. population; yet ~ half (49 percent) of people who get HIV and AIDS
- LGBT population – elevated rates of tobacco use, certain cancers, obesity, and depression

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AHRQ: DISPARITIES IN **QUALITY OF AND ACCESS** TO CARE ARE COMMON

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- **Compared to Whites**
 - Blacks received worse care for **41 percent** of quality measures; worse access to care for **32 percent** of access measures
 - Asians received worse care for **30 percent** of quality measures; worse access to care for **17 percent** of access measures
 - AI/ANs received worse care for **30 percent** of quality measures; worse access to care for **62 percent** of access measures
 - Hispanics received worse care than non-Hispanic Whites for **39 percent** of quality measures; worse access to care for **63 percent** of access measures
- **Compared to High-Income People, Low-Income People:**
 - Received worse care for **47 percent** of quality measures
 - Had worse access to care for **89 percent** of measures

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Poll Question:

What is your current understanding of cultural and linguistic competence?

My current understanding is:

- Strong
- Fair
- Limited



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A conceptual framework for a cultural competence model

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Cultural competence comprises behaviors, attitudes, and policies that can come together on a continuum: that will ensure that a system, agency, program, or individual can function effectively and appropriately in diverse cultural interaction and settings. It ensures an understanding, appreciation, and respect of cultural differences and similarities within, among and between groups. Cultural competency is a goal that a system, agency, program or individual continually aspires to achieve.

U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA). Definitions of Cultural Competence. Reviewed 2002.

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Cultural Competence describes the ability of an individual or organization to interact effectively with people of different cultures. To produce positive change, prevention practitioners must understand the cultural context of their target community, and have the willingness and skills to work within this context. This means drawing on community-based values, traditions, and customs, and working with knowledgeable persons of and from the community to plan, implement, and evaluate prevention activities.

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

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, T.G., and Jones, W.A. (2003) Linguistic Competence in Service Delivery. National Center for Cultural Competence.

Cultural Influences on Health Seeking Behaviors & Attitudes

- ❖ Diverse beliefs about disease and disease management
- ❖ Reliance on traditional healers, practices, and medicines
- ❖ Mistrust of health care professionals and institutions outside of own culture
- ❖ Experiences of racism, discrimination and bias
- ❖ Communication/Linguistic barriers
- ❖ Lack of understanding of western medical systems

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

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Culturally Competent Systems

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

policy making
administrative
practice/service delivery
consumer/family
community

Cultural Competence must be manifested at every level of an organization including:

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

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Cultural Competence Continuum

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Cultural Proficiency

Cultural Competence

Cultural Precompetence

Cultural Blindness

Cultural Incapacity

Cultural Destructiveness

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Characteristics of culturally competent individuals and organizations



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Elements of Cultural Competence

Individual Level

- ⑩ acknowledge cultural differences
- ⑩ understand your own culture
- ⑩ engage in self-assessment
- ⑩ acquire cultural knowledge & skills
- ⑩ view behavior within a cultural context

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Elements of Cultural Competence

Organizational Level

- ⑩ value diversity
- ⑩ conduct cultural self-assessment
- ⑩ manage the dynamics of difference
- ⑩ institutionalize cultural knowledge
- ⑩ adapt to diversity
 - policies structures values
 - services

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

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Poll Question:

What is your current understanding of the strategies to integrate cultural and linguistic competence?

My current understanding is:

- Strong
- Fair
- Limited



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Strategies to enhance capacity to be culturally and linguistically relevant to your service populations.

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National Plan for Action

NPA Objectives
1. AWARENESS
2. LEADERSHIP
3. HEALTH AND HEALTH SYSTEM EXPERIENCE
4. CULTURAL AND LINGUISTIC COMPETENCY— Improve cultural and linguistic competency.
5. RESEARCH AND EVALUATION

Office of Minority Health (2010). The National Plan for Action: Changing Outcomes - Achieving Health Equity.
Downloaded from: <http://minorityhealth.hhs.gov/>

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NPA – CLC Strategies

- **Workforce**
- **Diversity**
- **Ethics and Standards, and Financing for Interpreting and Translation Services**

Office of Minority Health (2010). The National Plan for Action: Changing Outcomes - Achieving Health Equity. Downloaded from : <http://minorityhealth.hhs.gov/>

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National Action Plan

Health Literacy Principles

1. Everyone has the right
2. Health services should be delivered in ways that are understandable and beneficial

United States Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *National Action Plan to Improve Health Literacy: Summary*. Washington, DC: Author

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NAP Goals

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1. Develop and disseminate information
2. Promote changes in the health care system
3. Incorporate accurate, standards-based, and developmentally appropriate information and curricula
4. Support and expand local efforts
5. Build partnerships, develop guidance, and change policies
6. Increase basic research
7. Increase dissemination and use of evidence-based practices

United States Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *National Action Plan to Improve Health Literacy: Summary*. Washington, DC: Author

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CLAS Guidelines

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- **Principal Standard**
- **Governance, Leadership and Workforce (3)**
- **Communication and Language Assistance (4)**
- **Engagement, Continuous Improvement and Accountability (7)**

USDHHS. The Office of Minority Health. *National Standards on Culturally and Linguistically Appropriate Services (CLAS)*. 2013

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What Needs to Change?

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Additional Questions?
Contact the SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org

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Health Disparities Series

The Integration of Cultural and Linguistic Competence in Service Delivery

–Webinar: June 12, 2015, 2-3 PM EDT

Follow-up Q&A Session: June 26, 2015, 2-3 PM EDT

Understanding the Enhanced CLAS Standards

Webinar: July 10, 2015, 2-3 PM EDT

Follow-up Q&A Session: July 24, 2015, 2-3 PM EDT

Performance Indicators for Integration of Cultural and Linguistic Competence

Webinar: August 14, 2015, 2-3 PM EDT

Follow-up Q&A Session: August 28, 2015, 2-3 PM EDT

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