



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

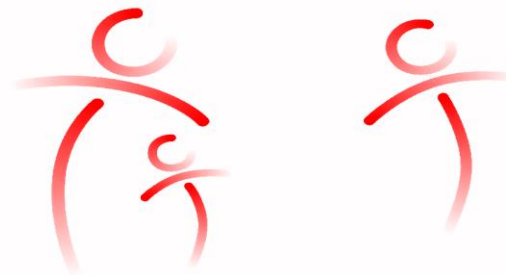
AMCHP Autism Webinar

May 7, 2009

Building Culturally and Linguistically Competent Programs

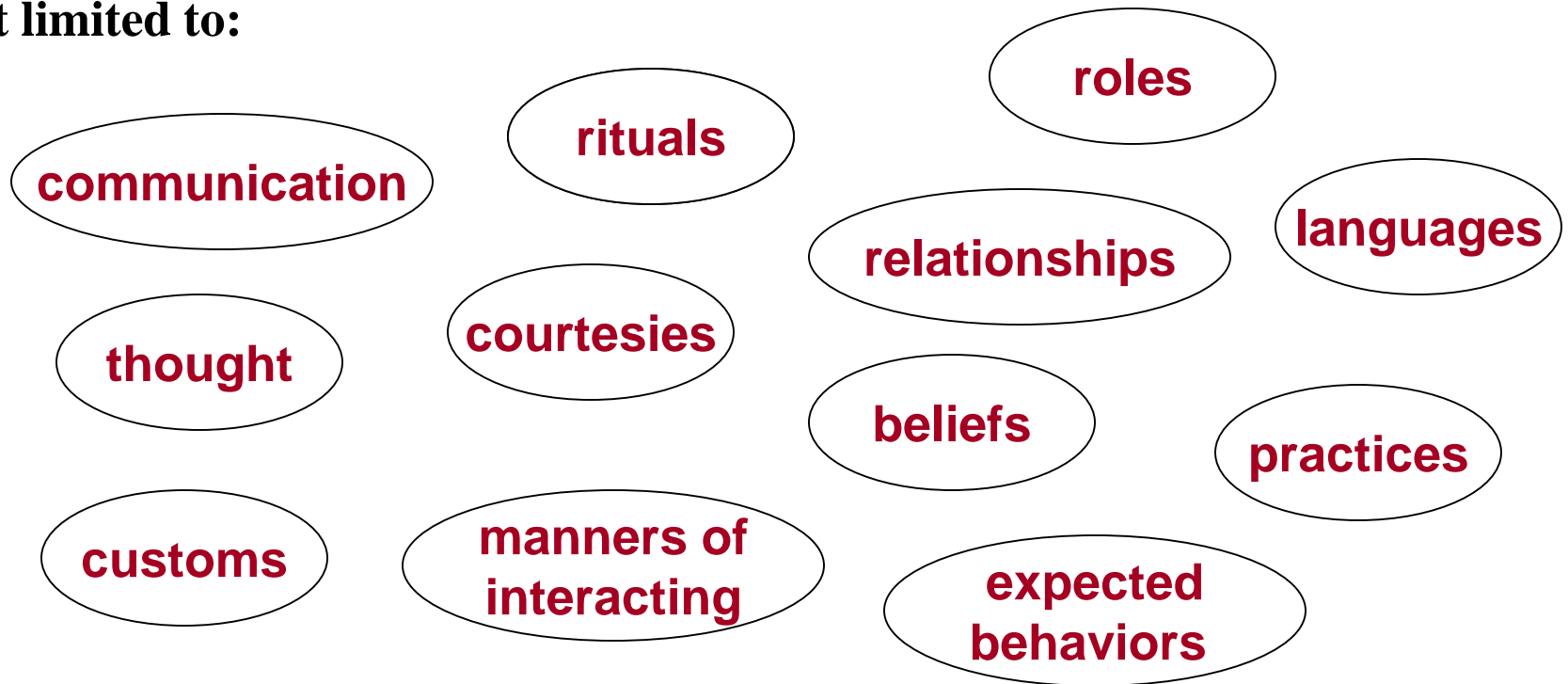
Suzanne Bronheim & Wendy Jones

National Center for Cultural Competence



Culture

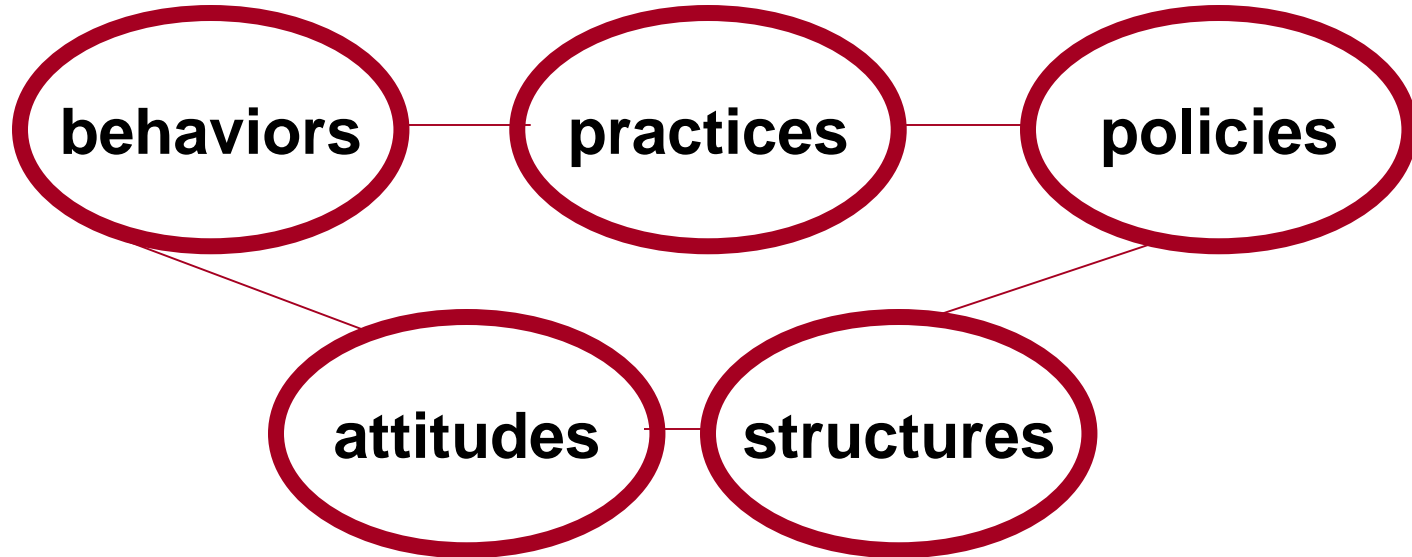
Culture is an integrated pattern of human behavior which includes but is not limited to:



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



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)



Five Elements of Cultural Competence

Organizational Level

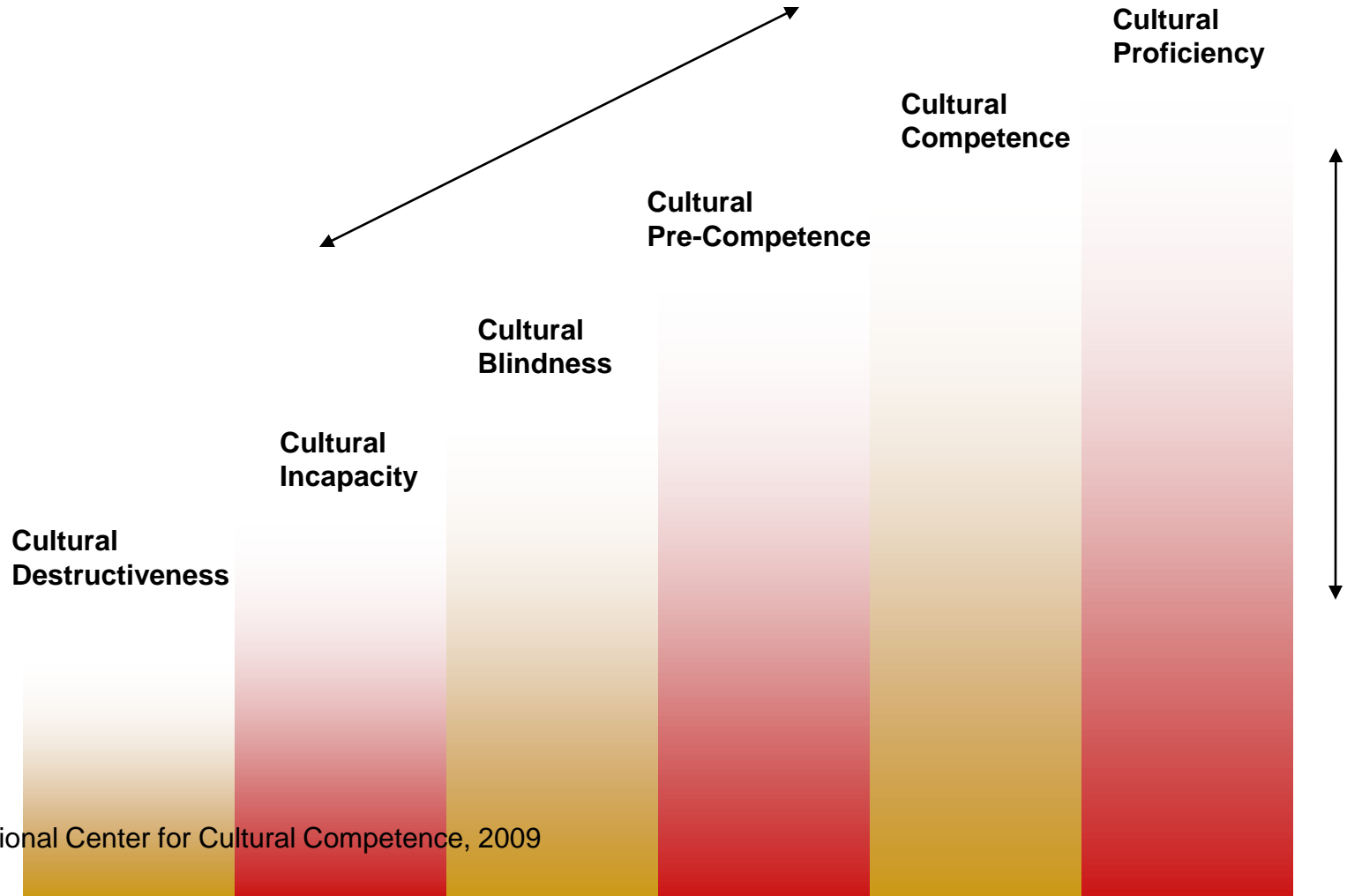
- value diversity
- conduct cultural self-assessment
- manage the dynamics of difference
- institutionalize cultural knowledge
- adapt to diversity
 - policies - structures
 - values - services

(Cross, Bazron, Dennis and Isaacs, 1989)



Cultural Competence Continuum

(Cross, Bazron, Dennis and Isaacs, 1989)



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 or approaches at one point in time
- Treating everyone the same
- Only the concern of providers/employees

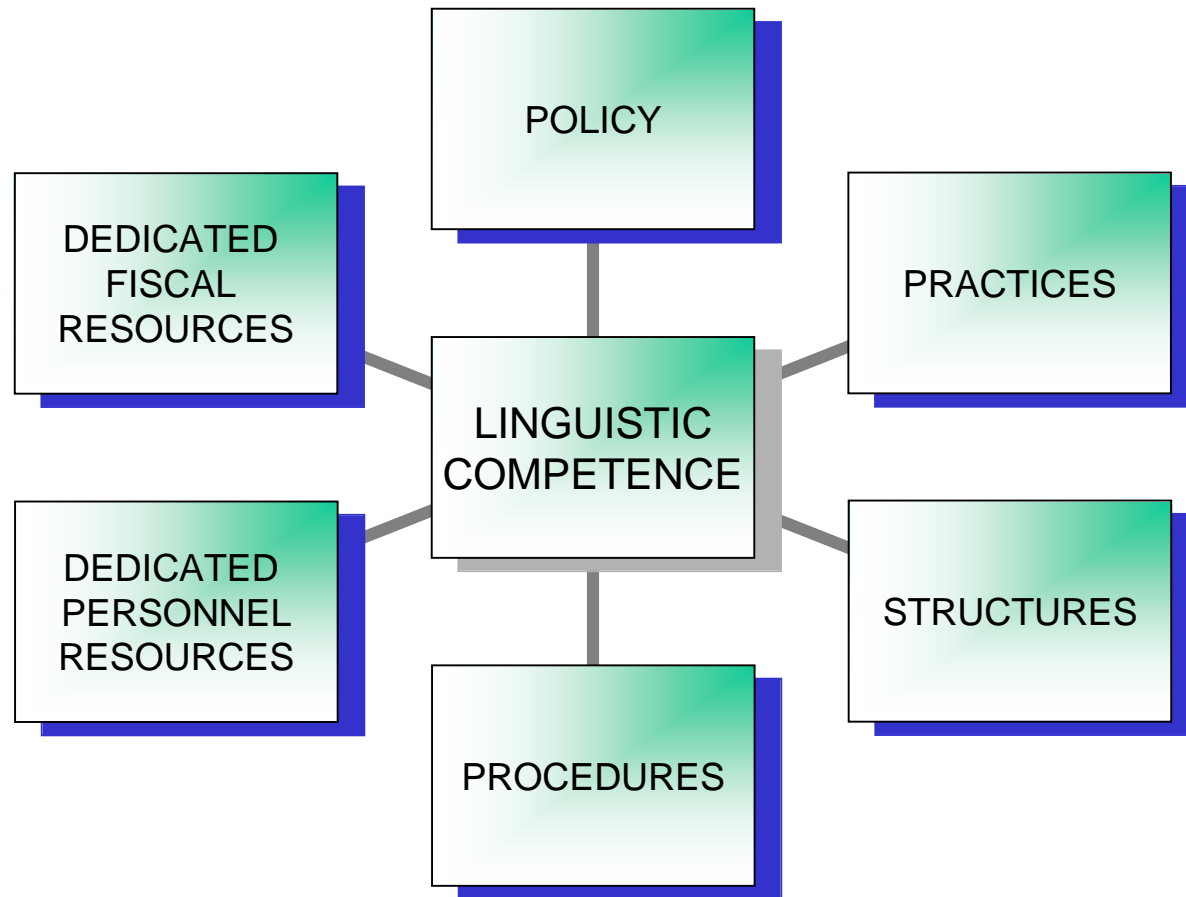


Linguistic Competence

- 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



Guiding Values & Principles

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.*

Guiding Values & Principles

- 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.*



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.

Guiding Values & Principles

Language Access



- 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.

Guiding Values & Principles

Cultural competence:

Extends the concept of self-determination to the community

- Involves working with natural, informal, support and helping networks



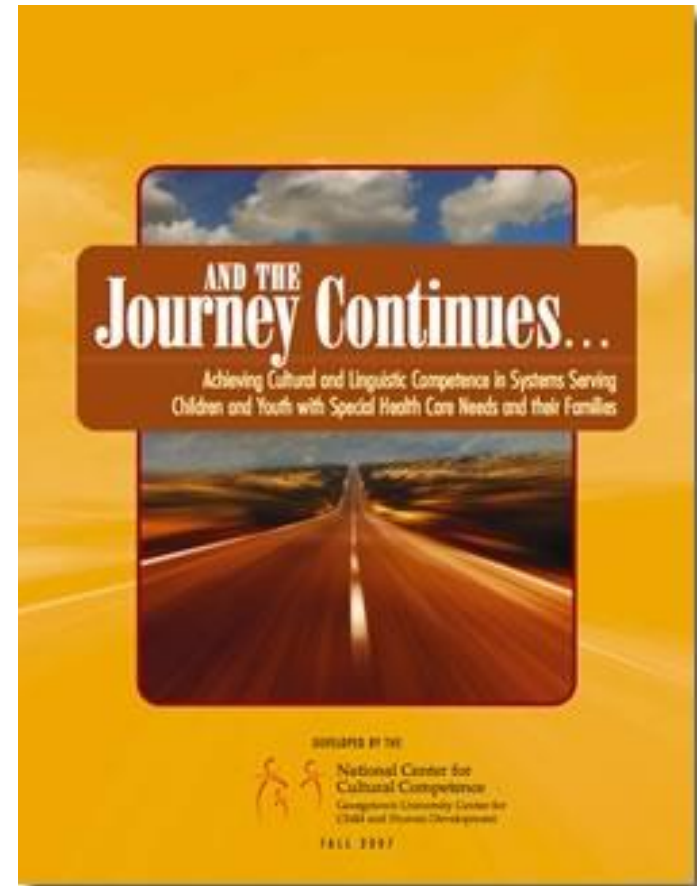
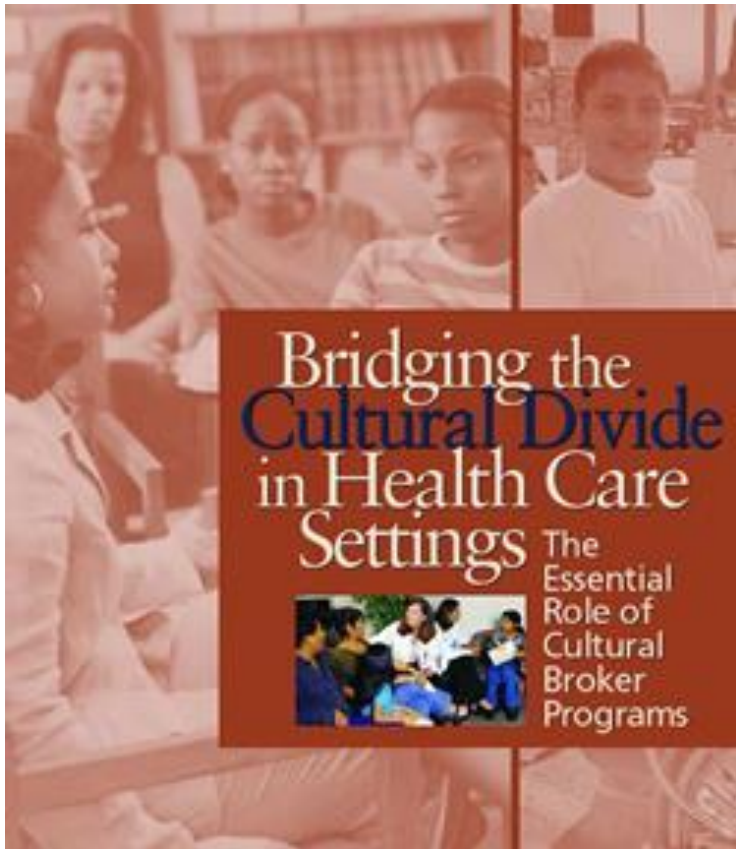
Guiding Values & Principles

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



What's in your toolkit ?



What's in your toolkit ?

Sharing a Legacy of Caring
Partnerships between Health Care and Faith-Based Organizations

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IN COLLABORATION WITH:
BPHC
Bureau of Primary Health Care
U.S. Department of Health and Human Services

2001

Policy Brief 4

Georgetown University Child Development Center • University Center for Excellence in Developmental Disabilities

Engaging Communities to Realize the Vision of One Hundred Percent Access and Zero Health Disparities: A Culturally Competent Approach

Introduction

The National Center for Cultural Competence publishes a Policy Brief series to facilitate the systematic incorporation of cultural and linguistic competence into organizational policy and structures. Policy Brief 4 is designed to provide health care organizations with the rationale for engaging communities in a culturally and linguistically competent manner. This brief provides guidance on prerequisite policies that serve as a foundation for infusing cultural and linguistic competence into community engagement.

Getting to Zero: Communities are Essential Partners

A Public Health Policy Imperative

A long-standing and well-documented pattern of health disparities exists in the United States. This pattern is apparent in health care outcomes and utilization and is evidenced by the disproportionate incidence of disease, disability and death among specific racial and ethnic groups. In response to this critical problem, the U.S. Department of Health and Human Services (DHHS) launched the Initiative to Eliminate Racial and Ethnic Disparities in Health in 1998. Six areas of health disparity were identified as priority targets for intervention: cancer screening and management; cardiovascular disease; diabetes; infant mortality; HIV/AIDS; and child and adult immunizations.

The initiative has been significantly strengthened by public health policy. Recent federal legislation specifically allocates resources for the study, prevention and treatment of health disparities among racial and ethnic groups (PL 106-525, Minority Health and Health Disparities Research and Education Act of 2000). The National Center on Minority Health and Health Disparities at the National Institutes of Health was established by this law. The elimination of health disparities is a key public policy focus of Healthy People 2010, the set of goals and objectives designed by the DHHS to assist the nation to achieve the vision of "Healthy People in Healthy Communities". Healthy People 2010 states that "over the years, it has become clear that individual health is closely linked to community health... Likewise, community health is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community... Partnerships, particularly when they reach out to non-traditional partners, can be among the most effective tools for improving health in communities" (U.S. Department of Health and Human Services, 2000). Healthy People 2010 clearly articulates public health policy that recognizes the need to engage communities as essential partners in eliminating health disparities.

Responding to the Challenge

The Initiative to Eliminate Racial and Ethnic Disparities in Health has challenged the nation's public health systems to create new approaches, including non-traditional partnerships, across diverse sectors of the community (Goode & Harrison, 2000; Davis et al., 1999; Mahan, 1997). The Health Resources and Services Administration's Bureau of Primary Health Care (BPHC) continues to demonstrate leadership and innovation in response to this challenge. The BPHC is a national leader in delivering health care to underserved populations. Guided by a vision that everyone in the United States should have access to health care, the BPHC launched the

Developed by TAWARA D. GOODE • SPRING 2001



National Center for Cultural Competence

Georgetown University Center for Child and Human Development
University Center for Excellence in Developmental Disabilities

SPRING 2003

Getting Started...

Planning, Implementing and Evaluating Culturally and Linguistically Competent Service Delivery Systems for Children With Special Health Needs and their Families

Implications for Policy Makers and Administrators

This checklist was developed by the National Center for Cultural Competence (NCCC). It is one in a series designed to assist organizations and systems of care to develop policies, structures and practices that support cultural and linguistic competence. This checklist focuses on systems of care and organizations concerned with the delivery of services and supports to children with special health care needs and their families. It is also designed to assist the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health & Human Services to achieve its vision "...to shape a future America in which there is equal access for all to quality health care in a supportive, culturally competent environment, which is family-centered and community based, and health disparities by racial, ethnic and social status have been eliminated."

Nationally, systems of care and organizations are attempting to respond effectively to the needs of individuals from culturally and linguistically diverse groups. There is no one method for getting started on the journey towards cultural and linguistic competency—at either the individual or system level. Organizations may embark on this journey at different points of departure with different estimated times of arrival for achieving specific goals and outcomes. Health care, mental health and human service organizations are at various stages along the cultural competence continuum. Similarly their personnel have different levels of awareness, knowledge and skills related to cultural and linguistic competence. Few organizations or systems of care have evolved to a degree of proficiency in which cultural and linguistic competence is infused at all levels—policy, administration, practice/service delivery and consumer. This checklist provides guidance for getting started.

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INTEGRALLY LINKED

Pieces of the Same Puzzle

