

CULTURAL & LINGUISTIC COMPETENCY: SELF-AWARENESS, IMPLICIT BIAS & HEALTH EQUITY

ISSOP ANNUAL CONFERENCE
BUDAPEST, HUNGARY
2017



Jeffrey Goldhagen, M.D.

University of Florida

Selena Webster-Bass, MPH

Voices Institute, LLC



Culture



Culture

- Culture

A body of learned beliefs, traditions, principles, and guides for behavior that are commonly shared among members of a particular group.

Increasing Multicultural Understanding: A Comprehensive Manual, Don C. Locke, Sage Publications, 1992



Mental Models



- Beliefs and assumptions we have about every aspect of ourselves, others and how the world works
- Habits of thought
- Ancestral Voices

Cultural Competency



□ **Cultural Competency (Micro)**

“An examination of one’s own attitudes and values, and the acquisition of knowledge, skills and attributes that will allow an individual to work appropriately in cross-cultural situations.”

□ **Cultural Competency (Macro)**

“A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable that system, agency or professionals to work effectively in cross-cultural situations.”

(Cross et al, 1989)

Linguistic Competency



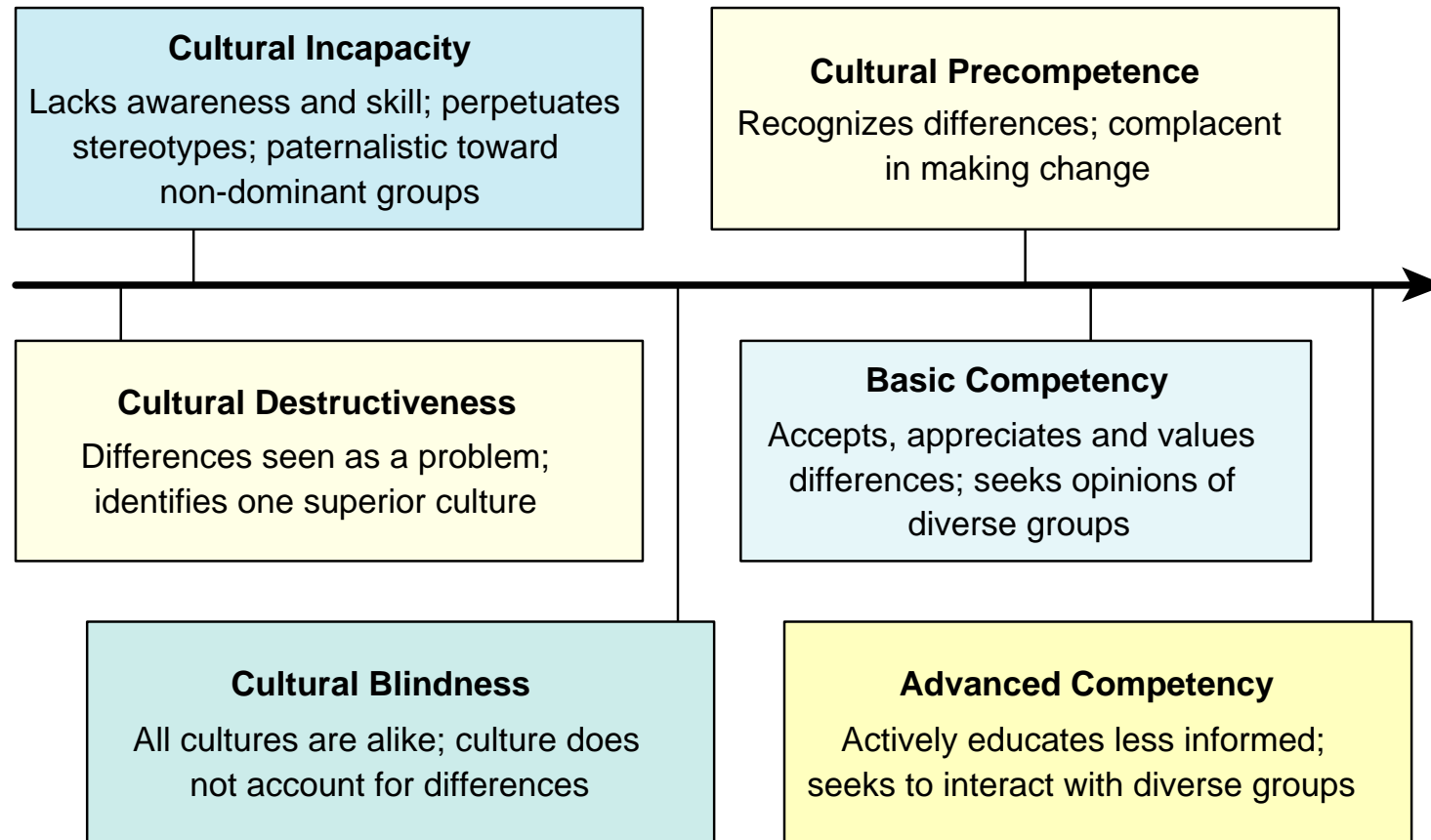
□ Linguistic Competency

“Linguistic competency is the capacity of an organization and its personnel to convey communication effectively to children, youth and families so that informed health care decisions are made. This includes individuals with Limited English Proficiency (LEP), the deaf and hard of hearing, English Language Learners (ELL) and individuals living with disabilities.”

Common “Isms” and other terms...

- **Racism:** The belief that members of one race are superior to those of other races.
- **Sexism:** The belief that members of one gender are superior to other gender
- **Ageism:** The belief that one age group is superior to those of other ages.
- **Childism:** Discrimination toward children.
- **Adulthoodism:** is prejudice and accompanying systematic discrimination against young people.
- **Ethnocentrism:** the belief that one’s own cultural, ethnic or professional group is superior to that of others.
- **Classism:** Differential treatment based on social class or perceived social class.
- **Heterosexism:** The belief that everyone is or should be heterosexual and that heterosexuality is best, normal, and superior.
- **Historical Trauma:** cumulative emotional and psychological wounding over the lifespan across generations, stemming from mass group trauma experiences.
- **Stereotypes:** Unfounded assumptions about groups on people.
- **Privilege:** Extra degrees of freedom, or a set of special unearned privileges, that one can tap into every day of their lives. (Sex, Skin Color, Socioeconomic Status)

Terry Cross' Cultural Competence Continuum



Source: Adapted from Cross, T. Bazron, B., Dennis, K, & Isaacs, M. (1989). *Towards a Culturally Competent System of Care* (Volume 1). Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Cultural and Linguistic Competency



Values
Diversity

Assesses their
perceptions of
cultural groups

Manages the
dynamics of
difference

Acquires
Cultural
Knowledge

Adaptation to
Cultural
Contexts

Implicit/Explicit Bias



- **Implicit**

- Attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner

- **Explicit**

- Meaning those things that are held or endorsed on a conscious level

Factors that Influence Implicit Bias



- Early **childhood** experiences
- Certain **emotional states** can exacerbate implicit bias particularly of stigmatized groups even if the source of the emotion has nothing to do with current situation or the social grouping
- **Ambiguity**, when criteria is vague individuals tend to use accessible information and deliberative processing which leads to stereotyping



If you are human, you are bias.

--Howard Ross

Attributes of Mental Models



- Everyone has bias.
- Bias affects how we perceive, relate and act in the world.
- Bias is critical to our effectiveness and can impede or enhance our relationships with youth and caregivers
- Biases may be conscious, or unconscious and may cause conflict.
- It is easier to see others' mental models and harder to see our own.

Cultural Competency: Self-Assessment

- What are the sources of your beliefs, values and customs?
- Who in your life has influenced you most?
- What type of exposure did you have to other cultures when you were growing up?
- How much contact do you have with people from other cultures now?
- Are you aware of your biases or prejudices? If so, how are you dealing with them?
- How do your values and beliefs influence the care you provide?
- Do you treat youth and families with respect and honor regardless of their socioeconomic, cultural or ethnic background?

Youth as Culture

- Culture

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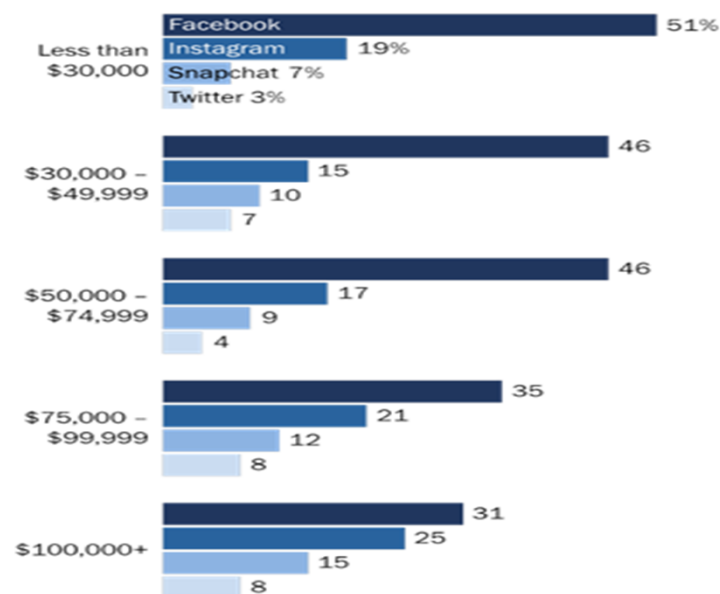


Youth Culture

- Technology
 - ▣ **24% of teens go online almost constantly**
 - ▣ **73% of teens have access to a smartphone; 15% have only a basic phone**

Snapchat More Likely to Be Used Most Often by Wealthier Teens; Facebook Most Popular Among Lower Income Youth

Among teens ages 13 to 17, the % of teens who use _____ most often, by household income



Source: Pew Research Center's Teens Relationship Survey, September 25-October 9, 2014 and February 10-March 16, 2015 (n=1,016 teens ages 13 to 17).

PEW RESEARCH CENTER

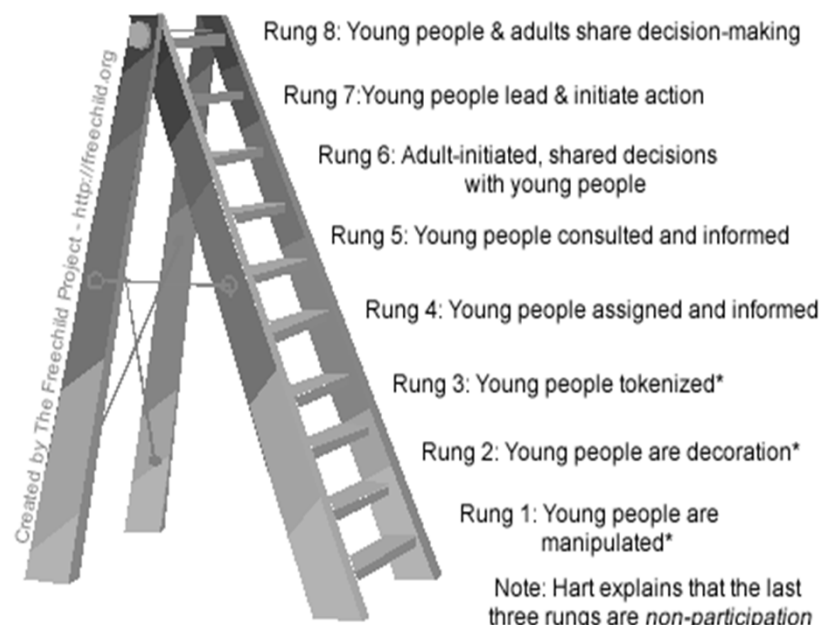
Youth Worldview

- Youth Culture
 - ▣ Use of technology - “digital natives”
 - ▣ Massive social networks
 - ▣ Optimistic and self-assured
 - ▣ Instant satisfaction
- Challenges
 - ▣ Cyber Bullying
 - ▣ Peer Pressure
 - ▣ Dating and Romance
 - ▣ Weight/Diet
 - ▣ Testing (Standardized)
 - ▣ Poverty, Ethnic and Cultural Barriers
- Do you know what these text abbreviations mean?
 - ▣ KK – Ok
 - ▣ TBH – To be honest
 - ▣ POS – Parent over shoulder
 - ▣ ROTFL – Rolling on the floor laughing

Youth Culture: Participation

- Know that their voice matters
- Seeking recognition for their efforts
- Realistic Expectations

Roger Hart's Ladder of Young People's Participation



Adapted from Hart, R. (1992). *Children's Participation from Tokenism to Citizenship*. Florence: UNICEF Innocenti Research Centre.

Essential Questions: Youth Guided Care



- How do we allow children/youth to articulate their experiences about what helps and what harms them?
- How do we demonstrate that we value what children/youth have to say?
- How do we promote keeping an open mind about youth culture and eliminate youth stereotypes?
- How do we build trust and respect between youth and adults?

Strengths

- ❑ All youth have strengths – so do families, neighborhoods, communities and organizations
- ❑ Each youth's strengths are unique to them.
- ❑ Change is supported by building on youth's strengths.
- ❑ Youth's strengths lead to pathways to resolve unmet needs.
- ❑ Strengths and needs are independent of each other.



“Children must be taught how to think, not what to think.”

■ Margaret Mead



Youth-Guided Systems of Care

- ❑ Convenient hours/locations
- ❑ Easy, confidential registration process
- ❑ Short wait times and referral times
- ❑ Capacity for walk-ins
- ❑ Non-judgmental providers
- ❑ Compassionate support staff
- ❑ Comfortable youth surroundings
- ❑ Age and developmentally appropriate educational materials
- ❑ Youth input in assessment, implementation and evaluation processes
- ❑ Professional training about youth-guided care
- ❑ Codified policies in place for youth-guided and family-driven care
- ❑ Youth engagement and community-based outreach
- ❑ Youth peer education

Youth-Guided & Family-Driven Care

Surface Level Operationalization

- Family and Youth Councils
- Family voice included in plans of care
- Family culture explored through biopsychosocial assessments
- Caregiver AND Youth Satisfaction Forms
- Cultural and Linguistic Competency Trainings
- Interest in Peer Support Programs

Deeper Level Operationalization

- Family/Youth Governance Board authentic participation
- Deeper exploration of youth culture and including cultural considerations in plan of care by using a standardized cultural assessment tool
- Stronger emphasis of youth voice during the care process in addition to the evaluative process
- Tracking family related data
- Inclusion of caregivers and youth in professional trainings
- Inclusion of caregivers and youth in Continuous Quality Improvement (CQI) and Evaluation Committees
- Establishing Peer Support Programs

Communication Strategies



Person-First Language

- What is person-first language?
 - ▣ Linguistic expression to humanize people
 - ▣ Sentence structure that names people first and the condition second
 - ▣ Separating the “person” from the “trait”

<https://www.youtube.com/watch?v=Ep4AsvGOBWw> “They called me a crack baby”

Don't Say	Please Say
She's Cleveland Arms crew.	She lives in Cleveland Arms.
She's a crack baby.	She was exposed to crack while her mom was pregnant.
She's a sickler.	She is living with sickle cell disease.
He's a “bad kid.”	He's a youth that needs, deserves and has the right for support.

Organizational Change

□ Organizational Cultural Competency

“An organization that has a defined set of values and principles, and demonstrates behaviors, attitudes, policies and structures that enable people to work effectively cross-culturally.”

(Cross et. al, 1989)



Cultural and Linguistic Competency



Organizations/Systems

I Speak Spanish.

I need assistance and have the right to receive assistance in my spoken language. Please provide me with an interpreter and note my spoken language in your permanent records. Thank you.

District law requires that agencies provide you with information and assistance in your language for free. If you do not receive help in your language, please call the DC Office of Human Rights at (202) 727-4559 and press 0.



www.ohr.dc.gov



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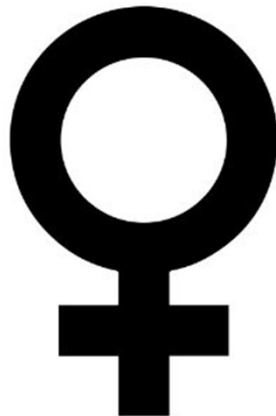
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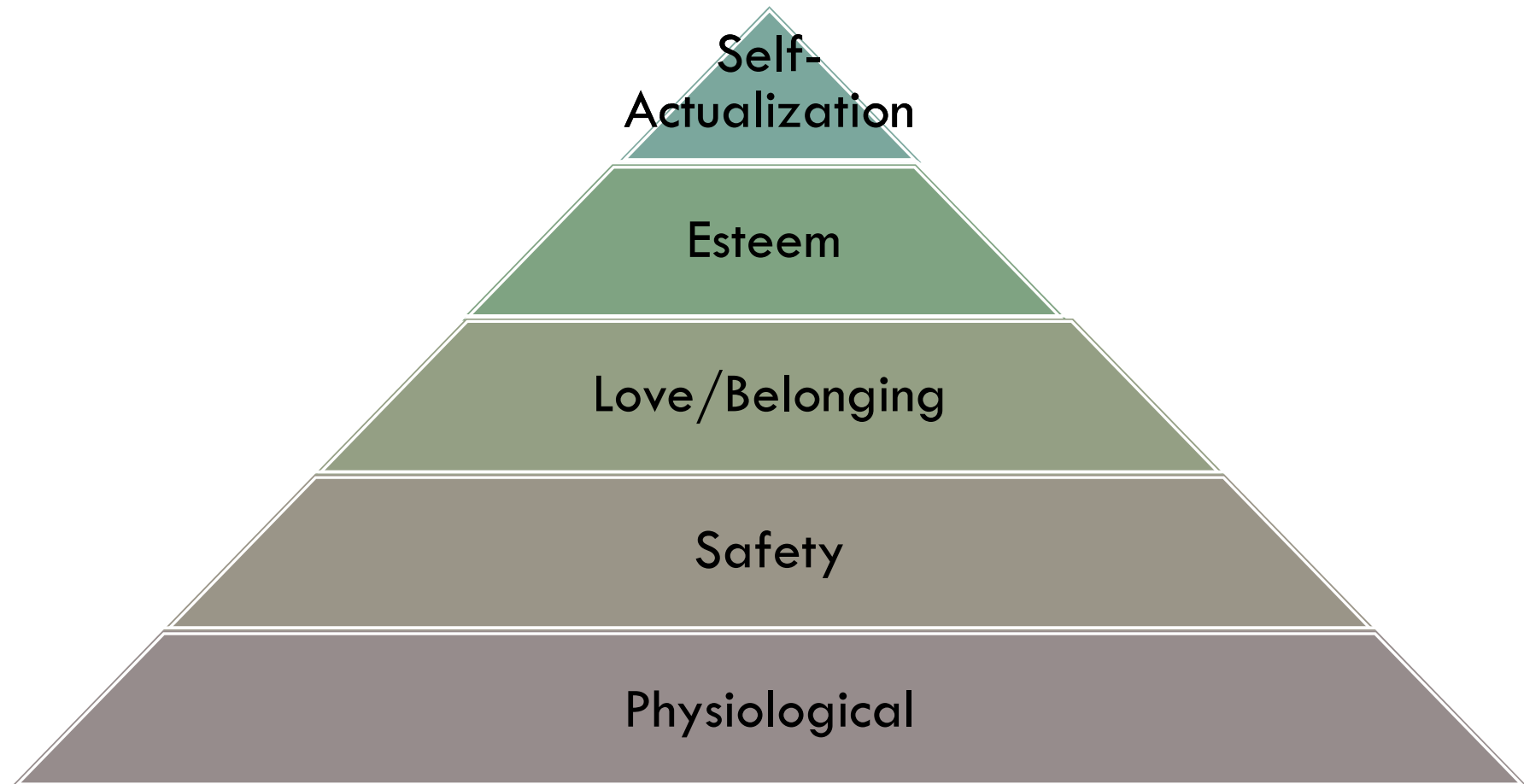
Managing Bias

- Mental Associations

- Exposure to counter-stereotypic individuals
- Counter-stereotypic training
- Intergroup Contact
- Taking others' perspective
- Engaging in deliberative processing



Maslow's Hierarchy of Needs



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- **Baptism:** 😊



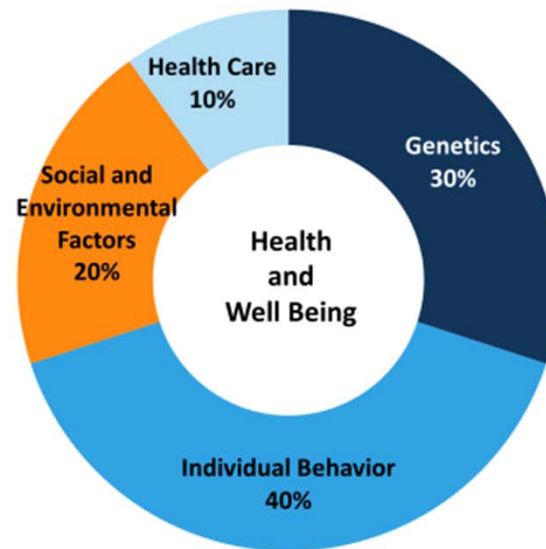
SELENA WEBSTER-BASS, MPH
VOICES INSTITUTE, LLC
904.504.9772
selena@voicesinst.org



Social Determinants

Figure 1

Impact of Different Factors on Risk of Premature Death



SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.

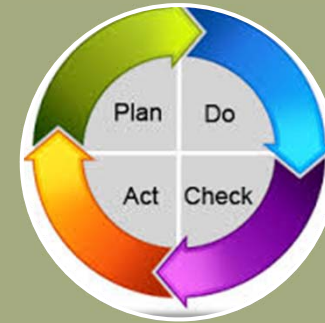
CLAS Standards Categories



Governance,
Leadership and
Workforce
Development



Communication
and Language
Assistance



Continuous
Quality
Improvement and
Accountability



Youth Assessment: HEEADSSS

TABLE 1 The HEEADSSS psychosocial interview for adolescents

	Potential first-line questions	Questions if time permits or if situation warrants exploration
Home	<p>Who lives with you? Where do you live? What are relationships like at home? Can you talk to anyone at home about stress? (Who?) Is there anyone new at home? Has someone left recently? Do you have a smart phone or computer at home? In your room? What do you use it for? (May ask this in the activities section.)</p>	<p>Have you moved recently? Have you ever had to live away from home? (Why?) Have you ever run away? (Why?) Is there any physical violence at home?</p>
Education and employment	<p>Tell me about school. Is your school a safe place? (Why?) Have you been bullied at school? Do you feel connected to your school? Do you feel as if you belong? Are there adults at school you feel you could talk to about something important? (Who?) Do you have any failing grades? Any recent changes? What are your future education/employment plans/goals? Are you working? Where? How much?</p>	<p>How many days have you missed from school this month/quarter/semester? Have you changed schools in the past few years? Tell me about your friends at school. Have you ever had to repeat a class/grade? Have you ever been suspended? Expelled? Have you ever considered dropping out? How well do you get along with the people at school? Work? Have your responsibilities at work increased? What are your favorite subjects at school? Your least favorite subjects?</p>
Eating	<p>Does your weight or body shape cause you any stress? If so, tell me about it. Have there been any recent changes in your weight? Have you dieted in the last year? How? How often?</p>	<p>What do you like and not like about your body? Have you done anything else to try to manage your weight? Tell me about your exercise routine. What do you think would be a healthy diet? How does that compare to your current eating patterns? What would it be like if you gained (lost) 10 lb? Does it ever seem as though your eating is out of control? Have you ever taken diet pills?</p>
Activities	<p>What do you do for fun? How do you spend time with friends? Family? (With whom, where, when?) Some teenagers tell me that they spend much of their free time online. What types of things do you use the Internet for? How many hours do you spend on any given day in front of a screen, such as a computer, TV, or phone? Do you wish you spent less time on these things?</p>	<p>Do you participate in any sports? Do you regularly attend religious or spiritual activities? Have you messaged photos or texts that you have later regretted? Can you think of a friend who was harmed by spending time online? How often do you view pornography (or nude images or videos) online? What types of books do you read for fun? How do you feel after playing video games? What music do you like to listen to?</p>
Drugs	<p>Do any of your friends or family members use tobacco? Alcohol? Other drugs? Do you use tobacco or electronic cigarettes? Alcohol? Other drugs, energy drinks, steroids, or medications not prescribed to you?</p>	<p>Is there any history of alcohol or drug problems in your family? Does anyone at home use tobacco? Do you ever drink or use drugs when you're alone? (Assess frequency, intensity, patterns of use or abuse, and how patient obtains or pays for drugs, alcohol, or tobacco.) (Ask the CRAFFT questions in Table 5, page 25.)</p>

	Potential first-line questions	Questions if time permits or if situation warrants exploration
Sexuality	<p>Have you ever been in a romantic relationship? Tell me about the people that you've dated. Have any of your relationships ever been sexual relationships (such as involving kissing or touching)? Are you attracted to anyone now? OR: Tell me about your sexual life. Are you interested in boys? Girls? Both? Not yet sure?</p>	<p>Are your sexual activities enjoyable? Have any of your relationships been violent? What does the term "safer sex" mean to you? Have you ever sent unclothed pictures of yourself on e-mail or the Internet? Have you ever been forced or pressured into doing something sexual that you didn't want to do? Have you ever been touched sexually in a way that you didn't want? Have you ever been raped, on a date or any other time? How many sexual partners have you had altogether? (Girls) Have you ever been pregnant or worried that you may be pregnant? (Boys) Have you ever gotten someone pregnant or worried that might have happened? What are you using for birth control? Are you satisfied with your method? Do you use condoms every time you have intercourse? What gets in the way? Have you ever had a sexually transmitted infection or worried that you had an infection?</p>
Suicide/depression	<p>Do you feel "stressed" or anxious more than usual (or more than you prefer to feel)? Do you feel sad or down more than usual? Are you "bored" much of the time? Are you having trouble getting to sleep? Have you thought a lot about hurting yourself or someone else? Tell me about a time when someone picked on you or made you feel uncomfortable online. (Consider the PHQ-2 screening tool [Table 6, page 26] to supplement.)</p>	<p>Tell me about a time when you felt sad while using social media sites like Facebook. Does it seem that you've lost interest in things that you used to really enjoy? Do you find yourself spending less time with friends? Would you rather just be by yourself most of the time? Have you ever tried to kill yourself? Have you ever had to hurt yourself (by cutting yourself, for example) to calm down or feel better? Have you started using alcohol or drugs to help you relax, calm down, or feel better?</p>
Safety	<p>Have you ever been seriously injured? (How?) How about anyone else you know? Do you always wear a seatbelt in the car? Have you ever met in person (or plan to meet) with anyone whom you first encountered online? When was the last time you sent a text message while driving? Tell me about a time when you have ridden with a driver who was drunk or high. When? How often? Is there a lot of violence at your home or school? In your neighborhood? Among your friends?</p>	<p>Do you use safety equipment for sports and/or other physical activities (for example, helmets for biking or skateboarding)? Have you ever been in a car or motorcycle accident? (What happened?) Have you ever been picked on or bullied? Is that still a problem? Have you gotten into physical fights in school or your neighborhood? Are you still getting into fights? Have you ever felt that you had to carry a knife, gun, or other weapon to protect yourself? Do you still feel that way? Have you ever been incarcerated?</p>

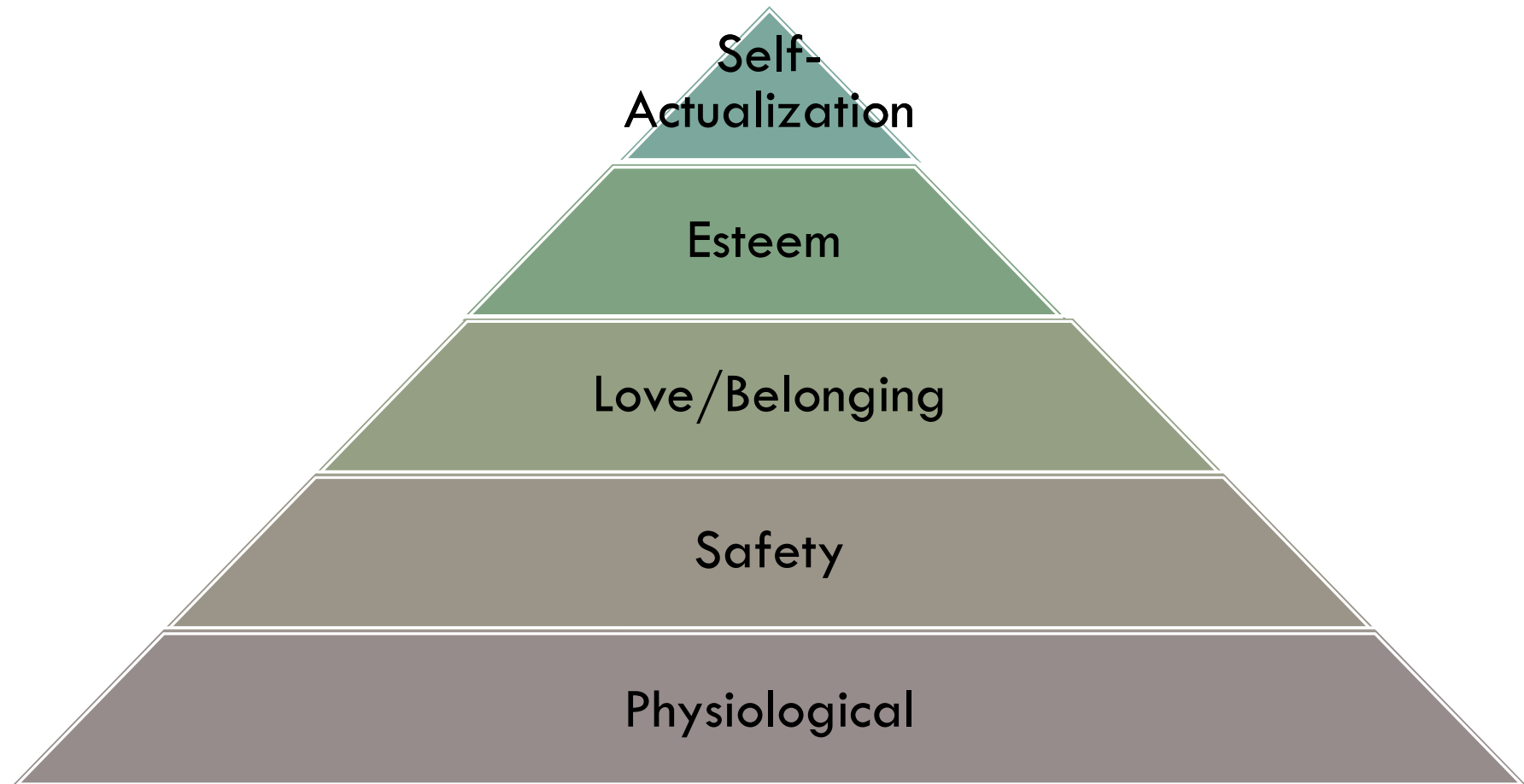
Abbreviations: CRAFFT, Car, Relax, Alone, Forget, Friends, Trouble; HEEADSSS, Home, Education and employment, Eating, Activities, Drugs, Sexuality, Suicide/depression, Safety; PHQ-2, Patient Health Questionnaire 2.
 Adapted from Goldenring JM, et al.; Goldenring JM, et al.⁷

Video

- <http://www.youtube.com/watch?v=Hzgzim5m7oU>



Maslow's Hierarchy of Needs



Video – Silent Beats

- <http://www.youtube.com/watch?v=76BboyrEl48>

Video Discussion



- How many “isms” can you identify?
- What reactions do you have to the film?
- What is the film’s message?
- Give an example of when you have been stereotyped and when you have stereotyped someone a youth.
- What can you do to limit stereotyping of youth?

Principal Standard



- To provide effective, equitable, understandable and respectful quality care and services that are **responsive** to diverse cultural health beliefs and practices, **preferred languages, health literacy and other communication needs.**

Enhanced National CLAS Standards
US Department of Health and Human Services
Office of Minority Health (2013)

Cultural and Linguistic Competency



Social Determinants

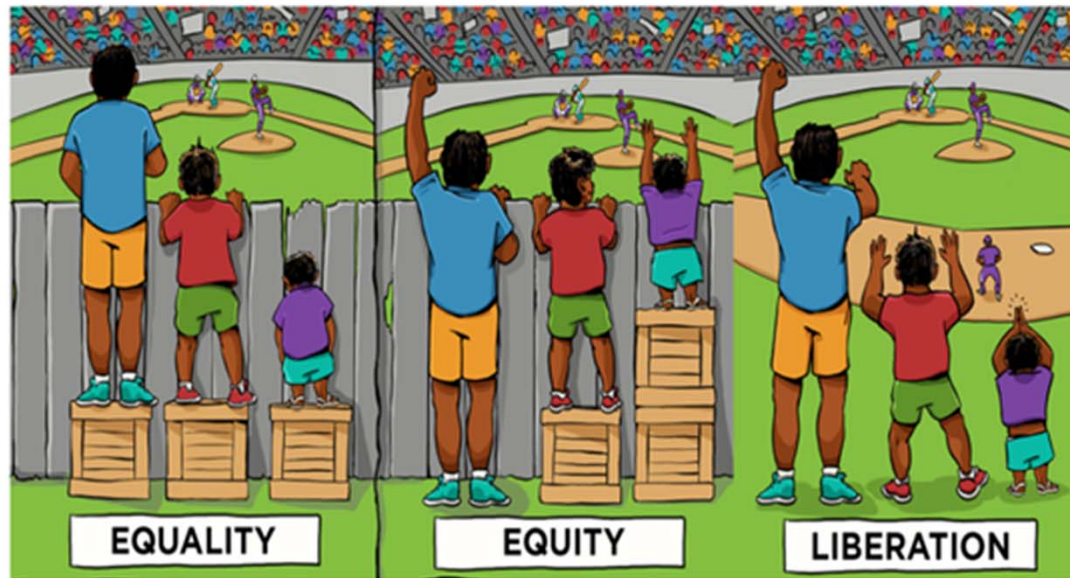
Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Health Equity



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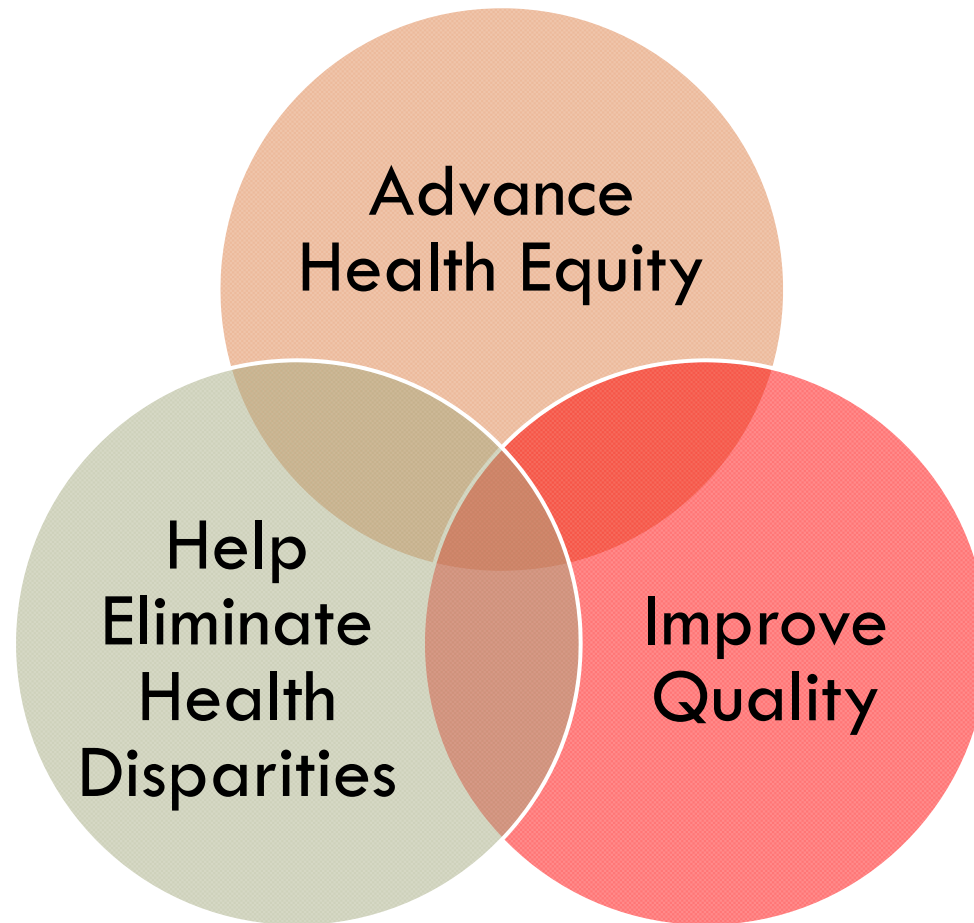
CLAS Standards

54

The National Culturally and Linguistically Appropriate Services (CLAS) Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.



CLAS Standards



Principal Standard



- To provide effective, equitable, understandable and respectful quality care and services that are **responsive** to diverse cultural health beliefs and practices, **preferred languages, health literacy and other communication needs.**

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Disconnected Youth

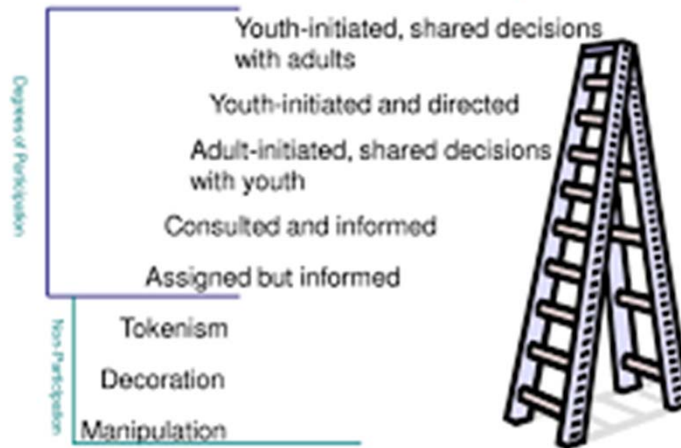
Disconnected youth need:

- Identity
- Intimacy
- Involvement



Intersection: Hart's Ladder, UN Convention on the Rights of the Child & Cross' Cultural Competence Continuum

Ladder of Youth Participation

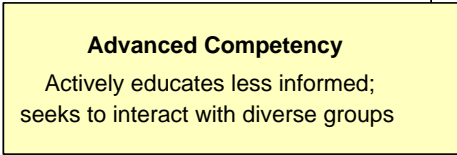
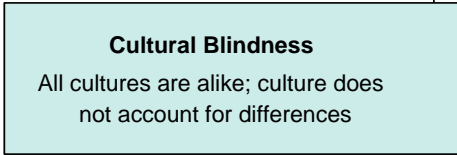
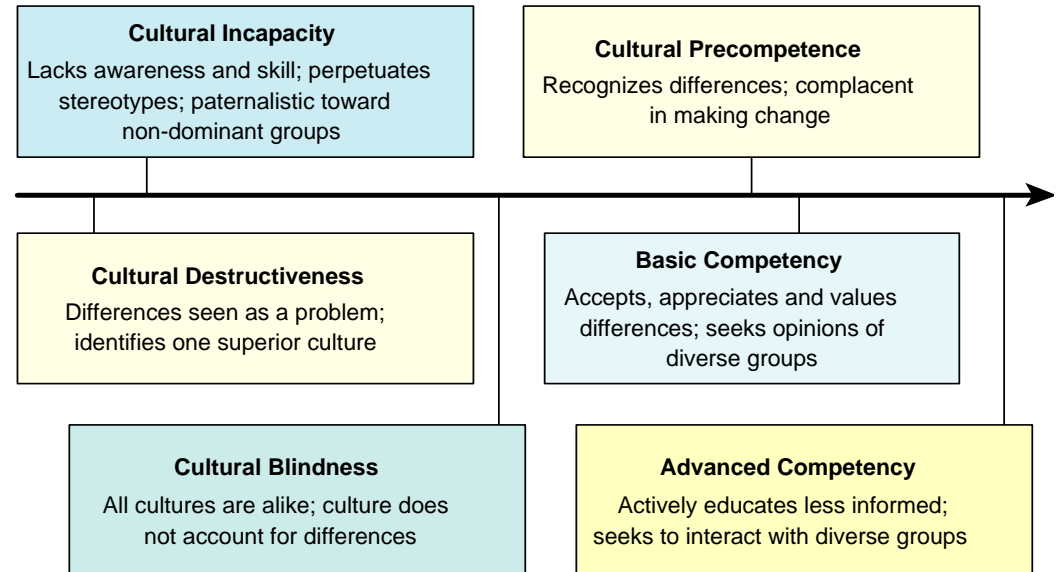


Adapted from Hart, R. (1993). Children's Participation: From Tokenism to Citizenship. Florence: UNICEF Innocenti Research Centre.

UN Convention on the Rights of the Child

These are the 4 Guiding Principles of the UN Convention on the Rights of the Child. Each of the articles in the Convention is informed by these principles.

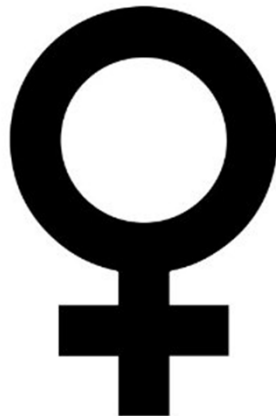
- 1 Non-discrimination**
treat everyone fairly and with respect
- 2 Right to life, survival, & development**
children & youth have a right to the basic things to live, survive, & develop
- 3 Best interests of children & youth**
always ask yourself: "Is the decision I'm making good for kids?"
- 4 Respect the views of children & youth**
children & youth need to participate and have their views considered when decisions are being made that affect them



Managing Bias

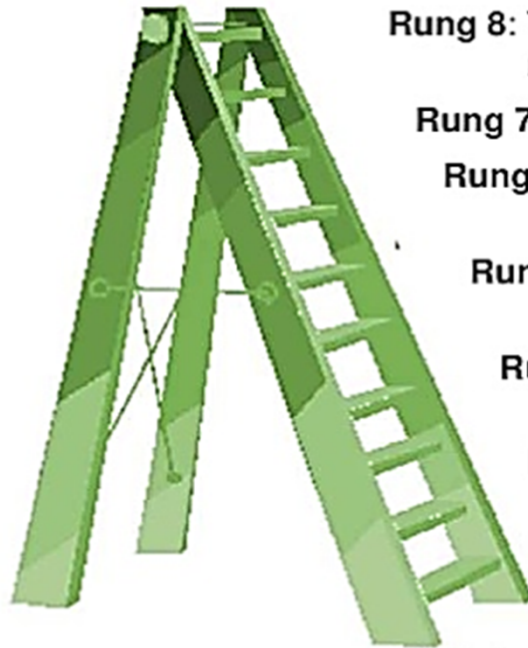
- Mental Associations

- Exposure to counter-stereotypic individuals
- Counter-stereotypic training
- Intergroup Contact
- Taking others' perspective
- Engaging in deliberative processing



Youth Participation

Roger Hart's Ladder of Young People's Participation



Rung 8: Young people & adults share decision-making

Rung 7: Young people lead & initiate action

Rung 6: Adult-initiated, shared decisions with young people

Rung 5: Young people consulted and informed

Rung 4: Young people assigned and informed

Rung 3: Young people tokenized*

Rung 2: Young people are decoration*

Rung 1: Young people are manipulated*

**Note Hart explains the last three rungs are non-participation*

Adapted from Hart, R. (1992) Children's Participation from Tokenism to Citizenship Florence: UNICEF Innocenti Research Centre
Created by The Freechild Project - <http://freechild.org>