



In Their Own Voices: Cultural Competence and Health Promotion

Video and Audio Transcript

Meet the Speakers

Theda McPheron Keel

Wind Hollow Foundation.

I am a Cherokee Creek from Alabama thus the southern accent and yes, I am an Indian. There are, southern Indians. I have a Foundation that my husband and I founded, the Wind Hollow Foundation, and we work on cultural issues, health education and economic development with tribal people around the nation.

Luo Huan,

International Graduate Student

My name is Luo Huan and I am a graduate student in University of Maryland College Park and I am in the cognitive science and neuroscience program--a third year Ph.D. student and I ... three months ago I have my baby Franklin and he is very cute. I come from China.

Michelle Spady

Director, Stay Tech Kids,
Parent who lost an infant to SIDS

My name is Michelle Spady I am a child care provider. I lost a little boy, 9 months old, Armani to Sudden Infant Death syndrome.

Joana Iglesias and Rosalind Oden

Health Educators,
Children's Hospital National Medical Center

My name is Joana Iglesias I am a health educator. I work at Children's National Medical Center in Washington, DC.

Hello! I'm Rosalind Oden. I too am a health educator. I work at Children's National Medical Center in Washington DC.

Principles of culturally and linguistically competent health promotion

Principle 1: Culturally and linguistically competent health promotion approaches respect cultural values, beliefs and practices of the intended audience.

Rosalind Oden

I did a workshop at one of the group homes in the District of Columbia where they lost a baby and the baby was co-sleeping with the mom and they all had cribs. Each mother who had an infant had cribs but they were not using the cribs because they thought that the crib causes the death of the baby, it would cause crib death. So I was overwhelmed that all of those years ago when I had that same thought as a teenager that in 2003 some people maybe thinking and feeling the same way. So it encouraged me to be in that environment, to talk to these young mothers to explain to them that the crib is actually the safest place for the baby to sleep. Usually adult beds are filled with other people, parents other big kids, children and the infant, pillows, large comforters and blankets which are absolutely unsafe for the baby and the baby is not getting enough air. And a younger child... a child 3,5,7 years old could roll over on the baby and so they are not thinking about that and that's our job. To get people to think about what they can do to keep their baby safe.

Luo Huan

There are many, many differences between the way Chinese parents care for babies and what the doctors here suggest. The one typical thing that the doctors here always suggest babies can never be overdressed they need to be keep cool but the Chinese parents always think the babies are always afraid of cold and you need to dress them twice as an adult will and that's always the problem we discuss and we argue with our parents. Because I know that overdress there can be too many, many problems especially the eczema). I think it will make it much harder. Hmmm but yeah! Although my parents or my mother-in-law they think yeah may be but they still like dress them a lot. And I can give you another example I think is eating. So the doctor suggest like you need too....you cannot give the baby a lot. Right! You need to like feed them every 3 hours to 4 hours and 3 to 4 ounce. But in Chinese way you can feed them every time he's hungry or he cry, so that's also another thing...yeah!

Michelle Spady

Extended family like my mom, aunts that are older and grandparents and all, they don't seem to be so in tune to the SIDS sudden infant death thing. They don't believe that it exists and my mom just does not still believe that a child can just go to sleep and not wake up and there is nothing wrong with him and many people who had seen Armani even the day before he died they just could not believe that this healthy little bouncy boy just went to sleep and didn't wake up and there is nothing wrong. So it makes it kind of hard in the family, you know, when people don't really believe and you are trying to believe it yourself and you know its like oh nothing really did happen, the babysitter didn't hurt him he didn't choke he didn't... he wasn't smothered, you know and you are trying to convince yourself that all these things really didn't

happen either but then if you got your family over here every now and then when you start to talk about SIDS and somebody will go... oh no....you know. And my mom said something like a at one time: “Oh poor thing he probably just cried himself to death”, you know, “she didn’t pick him up” ,and so it doesn’t make you feel too good.

Principle 2: Culturally and linguistically competent health promotion is always undertaken within a social, environmental and political context.

Joana Iglesias

The Hispanic community the belief is that the mother is the one in charge of taking care of the baby and the father is just the one who provide the food and pay the bills and everything so he does not really have that interaction and know what is going on with his own child. And sometimes when they come to the clinic with the mom, because the mother is pregnant and she cannot... either that she cannot come with the bus or they bring her to the clinic and they stay there and hear all this information and everything and actually they ask questions and they are more involved. I notice that they are more involved when the wife is pregnant bringing her to the clinic for the check up going into the... the... with her to the labor and everything taking the baby to the babysitter and taking care of that baby. It changes in that cultural belief that before the mother was the one in charge to take care of the babies in the home and they were just doing something else. But now in here the grandmother they say: “Oh no, my son cannot do this my son cannot do that”, but the wife now they are making sure that they are involved with the children’s education and raising the children. So is getting.... They are getting, I guess, the American culture that the parents and the mothers work as a team both in raising the children.

Rosalind Oden

Ok, let’s say if I have a group of mothers. I talk to the prenatal and the infant classes at the Wick clinic. And maybe 3 weeks had a group of moms who came in and they were like: “Oh I wish my husband was here”, “Oh I wish my babies father was here too”. I said well why am I not seeing these guys are they at work? “Yeah they’re ate work” I said well perhaps you can make them the proxy and if they are the proxy then on the next visit they can come in with the babies and they will get me and last week was one of those classes. I had seven fathers and they were all disgruntled: “I don’t why I have to come here” I don’t know why I have to do this she just told me to come pick and up the vouchers”. And I said I want to tell you, I am so blessed today that you are here. I feel so special. There are so many men in my presence today at this class. I never get to see you guys. We’re going to have so much fun. And they’re looking at me like: “this lady is crazy, what is she setting me up for?” So I start talking to them about SIDS sharing a presentation with them and they asked a lot of questions: How come no one’s told me about this?” , “My wife didn’t talk to me about this”, or, “my girlfriend didn’t talk to me about this”. Because women are made to feel in society that it’s our big role to take care of all the responsibilities. We’re the ones that we’ve raised the kids and we have to keep...get all the information about them and it’s their responsibility too, the fathers. They did excellent on the survey and we’re happy to spread the information to the child care provider. Hmmm... I talked to them about bringing the baby to the doctor, and if you don’t live with mom cause sometimes

that is a real issue in our society, that you should have a shot record too, don't you know...do you know your baby's doctors name, do you know why the baby is coming to the doctor today, do you know why...what's gone happen on a visit today at the Wick clinic, did you know there's going to be a class today, And they said they didn't and to the end a couple of fathers said: "Wow I have to go through a lot."

Theda McPheron Keel

Native people, depending upon the tribe all have different ways of raising their families and of passing on tribal and cultural traditions. One of the big universal truths among native people is the fact that culture and tradition is very strong. It is becoming more so as we go through somewhat of a renaissance and reclaiming our tribal and cultural ways and values and passing and strengthening those and caring them on. In the past through the boarding school system so many of our traditional ways were attempted to be eradicated that many moved on the ground and were only encoded in the teachings of the elders or the grandmothers, the clan mothers and this knowledge was kept and has always been passed on orally and through tradition. So for us when we are dealing with any type of health or healing it is very important to include these old ways because they speak to our people and have helped us survive over 500 years of acculturation and practiced genocide.

Principle 3: Culturally and linguistically competent health promotion recognizes the family and community as primary systems of support and intervention.

Theda McPheron Keel

One thing that's very important in the Native people is the role of the grandparent and that grandparent does not have to be a blood relative. It is preferable that it is but in many cases it's not possible. So elders no matter what their level no matter what their connection are important. Surrogate grandparents have passed on this information they helped teach the new parents how to monitor and provide for their children. Many times unfortunately in native cultures we have fractured families due to substance abuse and alcoholism due to relocation or loss of family itself in the boarding school systems. So, native people will look to elders to teach. They will look to elders to pass on this information. They're seen as reservoirs of strength and in all tribes it's very important what our grandparent will think about a grandchild and how they take this child under their wing and rear them. They are the ones who will watch the child and help them grow and pass on this knowledge.

Michelle Spady

Hmmm how do you get the risk reductions across. It is a little hard especially to the older generations when you have folks who say, well as my mom: "I had four children all of you slept on your stomachs", you know, "You're fine, look at you you're fine", you know,,I won't say how old I am.....nothing happened.

Luo Huan

I try to see which one is much more appropriate for my baby but basically I would do what doctor suggest but if something my mom or mother in law has already done with my baby it's ok its fine with my baby I will stick with them because I want to show respect with them. They are experienced and they come here to help me and I cannot like every time just argue with them and say you are wrong, you are wrong.

Principle 4: Culturally and linguistically competent health promotion assures that its efforts exist in concert with natural and informal health care support systems.

Theda McPheron Keel

.....certain elements that increases the risk of Sudden Infant Death Syndrome, or of a baby passing away in its sleep. And one of those things we know is tobacco use, not ceremonial or sacred tobacco use but commercial tobacco use such as cigarettes. And this is true not just for the mother who may have quit smoking during the pregnancy and resumed after the baby was born but for other members in the household. It doesn't matter where the cigarette smoke comes from. The fact that the cigarette smoke is around the baby is what's important and in many native households you have extended families and there may be several cigarette smokers in the household not just one or two. And the baby being around this cigarettes smoke it permeates the household, it's in the fabric of the upholstery it's in the air the whole house is breathing and this does affect the baby. One thing that we have found that has been helpful in our view of tobacco as a sacred element for Native people. In the old days tobacco was sacred element used in ceremony only. It was not abused as it is today in commercial tobacco products. Native children therefore were less prone to upper respiratory infections, asthma, allergies and even SIDS. Now we know that we have to go back to this. Our traditional medicine teachings across all tribes that use tobacco hold it as a sacred element. Our traditional healers and practitioners are the ones to give this message that's appropriate for the community and the tribe. They're the ones to help with the prevention of using commercial tobacco programs in the house, the ones to help with the cessation programs. We need to realize that they have to be included in any tobacco prevention program. We still use the western methods: the programs, the cessation programs, the patches. They're all there and available and yes they're all used but we find that with Native people we have a greater success rate if traditional ways are included as well and.....

Luo Huan

For the Chinese students, graduate students here there is--it's a very useful information--a place that's on the internet because we have a discussion group consisting of many, many Chinese parents or Chinese graduate students here. So everybody will show the experience to take care of babies with each other and many, many things are really, really helpful.

Principle 5: Culturally and linguistically competent health promotion assures meaningful involvement of community members and key stakeholders.

Theda McPheron Keel Example 1

In most cultures not just tribal cultures it's actually the older women who hold power. You go to any community and they will tell you which ladies run things there. They don't have to have a title, they don't have to be elected, 9 times out of 10 they're the ones in charge or who you need to talk to in that community. They will be the ones who your first contact should be. Then they will take you within the tribal system itself and remember most Native people today don't live on reservations. Though we do have reservations throughout this country and that yes there are many reservation systems to work within. Most Native people are living an assimilated life are living in urban areas and have a less structured way to access their communities. They don't have a community that is clearly marked. You come across these people individually many maybe a second or third generation. So there's no one rule. The main rule is that you are willing to include the people in the community in what you are doing. Many times they will come to a clinic or health care provider and if one person comes and trusts like everyone else will bring their friends. Word of mouth travels a great deal. So whatever you do it's going to bring about word of mouth.

Theda McPheron Keel, Example 2

.....Take you into the community. You develop that relationship. It's not a one time we going to hand you a pamphlet pat you on the back send you on your way method. You can't do it that way. That's what they've always done and it doesn't work. You have got to go into that community and become a part of it. It has to be a relationship you build. And that community then has to feel free enough to trust you enough to take what you bring, adapt it, use it and together you modify and see how well it works. One size does not fit all, what works in one community wont work in another and there's different dynamics, so it's an ongoing process.

Joana Iglesias

Ok the presentation we are providing for this...for... it's in Spanish the handout and everything is in Spanish for the Latino communities. So they are more comfortable when someone comes and talks to them in their own language and they can relate to it. Because we come almost from almost the same background, even though we do things different in our countries, but we are...we can communicate. They feel more comfortable when someone from their own language because they can ask questions, they can.....