Linguistic Cultural Competence: What it Means for Individuals with Intellectual and Developmental Disabilities and their Families

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OBJECTIVES

Participants will:

1. define linguistic competence (Goode & Jones, 2009)

2. cite legal mandates, requirements, and standards for language access that affect individuals who experience intellectual and developmental disabilities and their families.

3. examine these concepts and mandates within the context of their respective roles and responsibilities.

4. discuss challenges of ensuring linguistic competence in settings concerned with intellectual and developmental disabilities.
Reasons to Address Cultural and Linguistic Competence

Demographic changes in the U.S., its territories, and tribal communities

Diversity in world views and beliefs about...
- health and well-being
- mental health
- disability
- chronic illness
- health care

Improve the quality and effectiveness of and satisfaction with service and supports
- Federal and state legislation
- Regulatory and accreditation mandates

Address racial, ethnic, linguistic, socio-economic, and geographic disparities
What are the demographic trends in languages spoken in

Most recently available data from sources cited.
### Languages Spoken at Home in the U.S. in 2014

#### Total Population 5 years and over 299,084,046

<table>
<thead>
<tr>
<th>Language Type</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English only</td>
<td>78.0%</td>
<td></td>
</tr>
<tr>
<td>Other than English languages</td>
<td>21.1%</td>
<td></td>
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</tbody>
</table>

#### Speak Spanish or Spanish Creole

39,254,342 (13.1%)

#### Speak Indo European languages

10,808,453 (3.6%)  
[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

10,134,871 (3.4%)  
[Chinese, Japanese, Korean, Mon-Khmer, Cambodian, Miao, Hmong, Thai, Laotian, Vietnamese, Tagalog, other Pacific Island language]

#### Other Languages

2,980,821 (1.0%)   
[Navajo, Other Native American languages, Hungarian, Arabic, Hebrew, African languages, other unspecified languages]

Data Source: U.S. Census Bureau, American Fact Finder, 2014 American Community Survey-1 Year Estimates, Table S1601
Limited English Speaking Households formerly (linguistic isolation) refers to households in which no member 14 years old and over: (1) speaks only English or (2) speaks a non-English language and speaks English “very well.”

Limited English Speaking Households in the United States in 2014

All households 4.5%

Households speaking--

- Spanish 23.1%
- Other Indo-European languages 15.60%
- Asian and Pacific Island languages 26.5%
- Other languages 17.8%
Polling Question

Do you know the top five languages (other than English) spoken in:

- your state?  
  Yes  
  No

- city or geographic locale?  
  Yes  
  No

This data source does not include American Sign Language
DEFINITIONS AND CONCEPTUAL FRAMEWORK

Linguistic Competence
The NCCC’s Guiding Values and Principles for Language Access

- Services and supports are delivered in the preferred language and/or mode of delivery of the population served.
- Written materials are translated, adapted, and/or provided in alternative formats based on the needs and preferences of the populations served.
- Interpretation and translation services comply with all relevant Federal, state, and local mandates governing language access.
- Consumers are engaged in evaluation of language access and other communication services to ensure for quality and satisfaction.
Polling Question

Has your organization, program, or setting reached consensus on:

- a definition for linguistic competence?
  Yes          No

- Values and/or guiding principles for linguistic competence?
  Yes          No
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 groups including persons of limited English proficiency, those who are not literate or have low literacy skills, individuals with disabilities, or those who are deaf or hard of hearing.

requires organizational and provider capacity to respond effectively to the health literacy and mental health literacy needs of populations served.

ensures policy, structures, practices, procedures and dedicated resources to support this capacity.

Goode & Jones, Revised 2009, National Center for Cultural Competence
Health literacy is the **capacity of professionals and health institutions** to provide access to information and support the active engagement of people.

Health literacy is the degree to which *individuals have the capacity to obtain, process, and understand* basic health information and services needed to make appropriate health decisions.

U.S. Department of Health and Human Services, 2010

Health literacy is the *capacity of professionals and health institutions* to provide access to information and support the active engagement of people.

Health Literacy Requires Individual Capacity to...

<table>
<thead>
<tr>
<th>Access information</th>
<th>Access care</th>
<th>Communicate with professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide information</td>
<td>Understand directions</td>
<td>Follow regimens</td>
</tr>
<tr>
<td>Recognize cues to action</td>
<td>Navigate institutions</td>
<td>Complete forms</td>
</tr>
<tr>
<td>Provide consent</td>
<td></td>
<td></td>
</tr>
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</table>

Data Source: Rima Rudd, MD, Harvard University, Senior Lecturer on Health Literacy, Education, and Policy http://www.hsph.harvard.edu/rima-rudd/
“Recognizing that culture plays an important role in communication helps us better understand health literacy. For people from different cultural backgrounds, health literacy is affected by belief systems, communication styles, and understanding and response to health information. Even though culture is only one part of health literacy, it is a very important piece of the complicated topic of health literacy. The U.S. Department of Health and Human Services recognizes that culture affects how people communicate, understand, and respond to health information.”

Definition of Mental Health Literacy

“Mental health literacy is the knowledge, beliefs, and abilities that enable the recognition, management, or prevention of mental health problems.” (p. 4)

Jorm et al (1997) introduced the term ‘mental health literacy’ and have defined it as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention”.

Mental health literacy consists of several components, including:
(a) the ability to recognise specific disorders or different types of psychological distress;
(b) knowledge and beliefs about risk factors and causes;
(c) knowledge and beliefs about self-help interventions;
(d) knowledge and beliefs about professional help available;
(e) attitudes which facilitate recognition and appropriate help-seeking;
(f) knowledge of how to seek mental health information.


Flores, G., Devising, implementing, and evaluating successful interventions to eliminate racial/ethnic disparities in children’s health and healthcare: Tips, pitfalls, and a research agenda. Pediatrics, 2009; 124; 5214-5223.


Foster BA, Aquino C, Gil M, Flores G, Hale D. A randomized clinical trial of the effects of parent mentors on early childhood obesity: Study design and baseline data. Contemporary Clinical Trials. Published online before print. DOI: 10.1016/j.cct.2015.08.017. September 2015.


REFLECT AND SHARE

What are the implications of health and/or mental health literacy for individuals with intellectual and developmental disabilities?

How is your organization or program addressing linguistic competence?
What are the legal mandates, guidance, or standards related to linguistic competence and language access?

How does your organization or programs address these legal requirements?

How do these legal mandates, guidance, and standards impact services and supports for individuals with intellectual and developmental disabilities and their families?
Who Does Title VI Protect?

EVERYONE!

Title VI states that:

“no person shall be discriminated against on the basis of race, color, or national origin. Section 601 and 42 USC 2000d et. Seq.

☑ Title VI protects persons of all colors, races, and national origins.

☑ Title VI protects against national origin discrimination and are not limited to U.S. citizens.

Data Source: Civil Rights Act of 1964, P.L. 88-62

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Provisions related to language access:

Service providers must take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency (LEP). [68 Fed. Reg. 153 at 47322]

Providers that must provide language assistance services in order to comply with Title VI should implement policies and procedures to provide information in appropriate languages and ensure that LEP persons are effectively informed of and have meaningful access to covered programs. [68 Fed. Reg. 153 at 47320]

Linguistic Competence: LEGAL MANDATES & GUIDANCE


http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html
Who is Covered Under Title VI?

Recipients of HHS assistance may include, for example:

- Hospitals, nursing homes, home health agencies, and managed care organizations
- Universities and other entities with health or social service research programs
- State, county, and local health agencies
- State Medicaid agencies
- State, county and local welfare agencies
- Programs for families, youth, and children
- Head Start programs
- Public and private contractors, subcontractors and vendors
- Physicians and other providers who receive Federal financial assistance from HHS

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Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency

U.S. Department of Health & Human Services

U.S. Department of Education

U.S. Department of Justice

U.S. Department of Labor
National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)

https://www.thinkculturalhealth.hhs.gov/
### National CLAS Standards Themes

#### Principal Standard 1:
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.

<table>
<thead>
<tr>
<th>Standard  1</th>
<th>Principal Standard</th>
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<tbody>
<tr>
<td>Standards  2-4</td>
<td>Governance, Leadership &amp; Workforce</td>
</tr>
<tr>
<td>Standards  5-8</td>
<td>Communication &amp; Language</td>
</tr>
<tr>
<td>Standards  9-15</td>
<td>Engagement, Continuous Improvement &amp; Accountability</td>
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WATCH FOR SIGNS ALONG THE ROAD!!

Detour
Stop Sign
U-Turn
Proceed with Caution
Hidden Entrance
Work Zone
Divided Highway
New Traffic Pattern
Hazardous Driving Conditions
Watch for Pedestrians & Cyclists
Maintain Speed
Slow Speed
Toll Ahead
They won't learn the language, they're not assimilating, they don't look like us. I say—put 'em back on the Mayflower.
CULTURAL AND LINGUISTIC COMPETENCE:
HOW ARE WE ADDRESSING THE ‘ISMs” WITHIN THE I/DD NETWORK?

- Biases
- Stereotyping
- Discrimination
- Marginalization

- “Homophobism”
- Ableism
- Racism
- Classism

- Disparities
- Disproportionality
- Inequities
- Power Differentials

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SCENARIO 1

During a cultural competence professional development session, several staff raised concerns that:

- staff members who share racial or ethnic identity always tend to sit together; and
- some staff speak in their language of origin to each other rather than English which excludes them.

These participants expressed the concern that this type of behavior does not foster an inclusive work setting.

How would you approach this situation?
Since the population of individuals receiving services and supports changed significantly over the past two years, the organization hired a bilingual staff (English/Spanish) front desk staff. Some of the consumers have complained that they do not understand the receptionist and that she is on the phone speaking in Spanish. None of the organization’s staff have complained about her language.

How would you approach this situation?
A student in your program made you aware of the comments from another student in the course. This student frequently expresses his opinions to others and strongly objects to the program’s requirement to use an interpreter for families with limited English proficiency. This student states that the program should not bear the cost for “illegal immigrants” and that “these people should just learn English.”

How would you approach this situation as:
- the course instructor?
- one of the students in the course?
DEVELOPING A LANGUAGE ACCESS PLAN

What you should know!
Polling Question

Does your organization or program have a language access and implementation plan?  Yes  No  Don’t Know

Have you read the language access and implementation plan?  Yes  No

Are you familiar with the plan’s requirements and how they impact the work that you do?  Yes  No
The goal of all language access planning and implementation is to ensure that organizations, agencies, or programs communicate effectively with individuals who have limited English. (p. 1)

Effective language access policy directives and implementation plans

- Monitoring evaluating and updating
- Providing notice of language assistance services
- Training staff on policy and procedures
- Providing language assistance services
- Identifying and assessing LEP communities
- Understanding how individuals with LEP interact with your organization

Conducting a self-assessment to determine what types of contacts your organization, agency, or program has with Limited English Proficient (LEP) populations

- Identifies language service needs
- Evaluates the bilingual, translation, and interpretation resources already available to help individuals with LEP access your organization’s, agency’s or program’s services, supports, and information etc.

Developing language access policy directives, implementation plan, and procedures

- Identifies language service needs
- Evaluates the bilingual, translation, and interpretation resources already available to help individuals with LEP access your organization’s, agency’s or program’s services, supports, and information etc.

LANGUAGE ACCESS POLICY DIRECTIVES

- Set forth standards, operating principles and guideline
- Require the organization, agency, or program to ensure meaningful access
- Should be made publically available

LANGUAGE ACCESS IMPLEMENTATION PLAN

The plan is a management document and roadmap indicating how the organization, program, agency:

- defines tasks, sets deadlines and priorities, assigns responsibilities
- allocates resources to comply or maintain language access requirements
- meets service needs identified in self-assessment
- navigates setting deadlines and priorities
- identifies responsible personnel for policy and procedure development
- ensures quality control for language access services (oral & written)
- provides notice of language access services
- provides staff training
- conducts ongoing monitoring and evaluation

LANGUAGE ACCESS PROCEDURES

- Specify steps for staff to follow to provide language services, gather data, deliver services to individuals with LEP
- Varied methods to disseminate and make procedures known and easily accessible to staff (e.g., handbooks, manuals, guidebooks, internet/web-based protocols, smart phones or other devices, or approaches)

COMPONENTS OF A LANGUAGE ACCESS PLAN

COMPONENTS OF A LANGUAGE ACCESS PLAN: ADDITIONAL POLICY DIRECTIVES

- Staff training
- Bilingual staff
- Performance Measurement

Achieving cultural and linguistic competence requires organizational change. It will also require knowledgeable and skilled leaders to orchestrate this change.

“Culture does not change because we desire to change it. Culture changes when the organization is transformed; the culture reflects the realities of people working together every day.”

Frances Hesselbein
*The Key to Cultural Transformation, Leader to Leader (Spring 1999)*
questions

comments

thoughts
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