



INFUSING CULTURAL & LINGUISTIC COMPETENCE IN HEALTH PROMOTION TRAINING

GROUP ACTIVITY – UNDERSTANDING THE CULTURAL COMPETENCE CONTINUUM

Using the attached handout Cultural Competence Continuum, have the audience:

- discuss and cite examples of
 - cultural destructiveness
 - cultural incapacity
 - cultural blindness

- describe ways in which cultural incapacity and cultural blindness can hamper health promotion activities.

- describe how they view the continuum
 - What does it mean to them and their work?

Discussion Guidelines for Trainers

The audience will clearly be able to discuss the problems with culturally destructive practices such as English only policies in states that prohibit providing health information in other languages. Cultural blindness — being “fair” by treating everyone the same is often hard to view as problematic. Discussion should highlight that differing needs and beliefs deserve different approaches. Encourage the audience to think about how training is often developed from the cultural perspective of the person, discipline, agency, or organization conducting the training. Challenge audience members to have a different view — use the cultural lenses of the individuals and families whom they are attempting to help — to shape training content and approaches.



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CULTURAL COMPETENCE CONTINUUM

The National Center for Cultural Competence (NCCC) embraces a conceptual framework and model for achieving cultural competence based on the seminal work of Cross et al. espoused in a monograph entitled *Toward A Culturally Competent System of Care, Volume 1*, originally published in 1989. The NCCC modified the Cross definition as follows. Cultural competence requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effective cross-culturally.
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of communities they serve.
- Incorporate the above in all aspects of policy-making, administration, practice and service delivery, systematically involve consumers, families and communities.

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.

Cross et al. state that cultural competence is a complex framework, and that there is a tendency for systems and organizations to want a textbook solution, a quick fix, a recipe, or a “how to”, step-by-step approach. The complexity of achieving cultural competence does not allow for such an easy solution. The Cross framework emphasizes that the process of achieving cultural competency occurs along a continuum and sets forth six stages including: 1) *cultural destructiveness*, 2) *cultural incapacity*, 3) *cultural blindness*, 4) *cultural pre-competence*, 5) *cultural competency* and 6) *cultural proficiency*. It is helpful for systems and organizations to conduct self-assessment and use the results to set goals and plan for meaningful growth. The NCCC developed the following system or organizational characteristics that may be exhibited at various stages along the cultural competence continuum.

The characteristics delineated in this continuum are not meant to define a system or organization. Rather, they allow systems and organizations to broadly gauge where they are, and to plan for positive movement and growth to achieve cultural competence and proficiency. The continuum is dynamic and not intended to be viewed in a linear manner. Systems and organizations may be at different stages at different times with different populations and cultural groups. Finally, system and organizational capacity is not limited to arrival at cultural competence and proficiency as there is always room for continued growth.



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- ◆ **Cultural destructiveness** is characterized by attitudes, policies, structures, and practices within a system or organization that are destructive to a cultural group.
- ◆ **Cultural incapacity** is the lack of capacity of systems and organizations to respond effectively to the needs, interests, and preferences of culturally and linguistically diverse groups. Characteristics include but are not limited to: institutional or systemic bias; practices that may result in discrimination in hiring and promotion; disproportionate allocation of resources that may benefit one cultural group over another; subtle messages that some cultural groups are neither valued nor welcomed; and lower expectations for some cultural, ethnic, or racial groups.
- ◆ **Cultural blindness** is an expressed philosophy of viewing and treating all people as the same. Characteristics of such systems and organizations may include: policies that and personnel who encourage assimilation; approaches in the delivery of services and supports that ignore cultural strengths; institutional attitudes that blame consumers - individuals or families - for their circumstances; little value placed on training and resource development that facilitate cultural and linguistic competence; workforce and contract personnel that lack diversity (race, ethnicity, language, gender, age etc.); and few structures and resources dedicated to acquiring cultural knowledge.
- ◆ **Cultural pre-competence** is a level of awareness within systems or organizations of their strengths and areas for growth to respond effectively to culturally and linguistically diverse populations. Characteristics include but are not limited to: the system or organization expressly values the delivery of high quality services and supports to culturally and linguistically diverse populations; commitment to human and civil rights; hiring practices that support a diverse workforce; the capacity to conduct asset and needs assessments within diverse communities; concerted efforts to improve service delivery usually for a specific racial, ethnic or cultural group; tendency for token representation on governing boards; and no clear plan for achieving organizational cultural competence.



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Cultural Competence

Systems and organizations that exemplify cultural competence demonstrate an acceptance and respect for cultural differences and they:

- Create a mission statement for the organization that articulates principles, rationale, and values for cultural and linguistic competence in all aspects of the organization.
- Implement specific policies and procedures that integrate cultural and linguistic competence into each core function of the organization.
- Identify, use, and/or adapt evidence-based and promising practices that are culturally and linguistically competent.
- Develop structures and strategies to ensure consumer and community participation in the planning, delivery, and evaluation of the organization's core function.
- Implement policies and procedures to recruit, hire, and maintain a diverse and culturally and linguistically competent workforce.
- Provide fiscal support, professional development, and incentives for the improvement of cultural and linguistic competence at the board, program, and faculty and/or staff levels.
- Dedicate resources for both individual and organizational self-assessment of cultural and linguistic competence.
- Develop the capacity to collect and analyze data using variables that have meaningful impact on culturally and linguistically diverse groups.
- Practice principles of community engagement that result in the reciprocal transfer of knowledge and skills between all collaborators, partners, and key stakeholders.



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CULTURAL COMPETENCE CONTINUUM

Cultural Proficiency

Systems and organizations hold culture in high esteem, use this as a foundation to guide all of their endeavors, and they:

- Continue to add to the knowledge base within the field of cultural and linguistic competence by conducting research and developing new treatments, interventions, and approaches for health and mental care in policy, education, and the delivery of care.
- Develop organizational philosophy and practices that integrate health and mental health care.
- Employ faculty and/or staff, consultants, and consumers with expertise in cultural and linguistic competence in health and mental health care practice, education, and research.
- Publish and disseminate promising and evidence-based health and mental health care practices, interventions, training, and education models.
- Support and mentor other organizations as they progress along the cultural competence continuum.
- Develop and disseminate health and mental health promotion materials that are adapted to the cultural and linguistic contexts of populations served.
- Actively pursue resource development to continually enhance and expand the organization's capacities in cultural and linguistic competence.
- Advocate with, and on behalf of, populations who are traditionally unserved and underserved.
- Establish and maintain partnerships with diverse constituency groups, which span the boundaries of the traditional health and mental health care arenas, to eliminate racial and ethnic disparities in health and mental health

Adapted by T. Goode (2004) from:

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