



Inning #7

Know Who You're Pitching To, Part 2

Cultural & Linguistic Competence



The Webinar will begin at 10:00am
Participant Dial In Number: 1-855-897-5763

Today's Webinar

- Dial in to the audio portion of the webinar using the telephone number on the Audio tab. Audio is transmitted through the telephone only, not through computer speakers.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A tab on your Webex control panel; we will pause periodically to take questions.
- To participate in polling, you must use your own computer.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

Agenda

- Welcome
 - Donna Frescatore, Executive Director, NY State of Health
- Recap of 2015 Health Plan Lineup
- Know Who You're Pitching To, Part 2
(Cultural & Linguistic Competence)
- Questions & Answers
- Conclusion

Funding for today's inning provided by the



The mission of the NYSHealth is to expand health insurance coverage, increase access to high-quality health care services, and improve public and community health.

Inning 9: 2015 Health Plan Lineup Evaluation Survey Results

Here's what you said:

More than 97% said it “increased my knowledge of the topic(s).”

Nearly 97% said “information from this webinar will allow me to better inform consumers about what health plans are available through the Marketplace in 2015.”

“The webinar contained really important information as we prepare for the next open enrollment.”

“I am looking forward to the changes that were described.”

“Normally, the polling is interesting. I think we did too many this time.”

Complete the evaluation survey of today's webinar immediately following the program.

Presenters

- Today's Presenters from the National Center for Cultural Competence, Georgetown University Medical Center

Tawara D. Goode

Assistant Professor
and Director



Wendy Jones

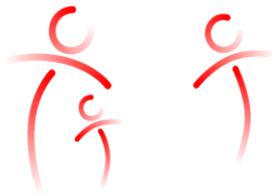
Research Instructor
Senior Policy Associate



Cultural and Linguistic Competence: An Essential Skill Set for the CAC/IPA/Navigator

Tawara D. Goode
Assistant Professor
Director, National Center for Cultural Competence
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Wendy Jones
Research Instructor
Senior Policy Associate
National Center for Cultural Competence

October 29, 2014



**National Center
for Cultural
Competence**



GEORGETOWN UNIVERSITY
**Center for Child and
Human Development**



OBJECTIVES

Participants will:

1

- Define culture and its multiple dimensions.

2

- Describe cultural competence and linguistic competence frameworks and relate them to their respective positions.

3

- Cite two evidence-based health literacy practices and how they apply to the responsibilities of assistors.

4

- Describe how culture influences communication.

5

- Reflect on conscious and unconscious biases that impact interactions and communication with others.



POLLING QUESTION

How do you define culture?

- A. A learned and shared way of being in the world
- B. Values, beliefs, norms, traditions of a given group of people
- C. Applies to all human beings
- D. Only A & B
- E. A, B, & C



Defining Culture and its Multiple Dimensions



Culture ...

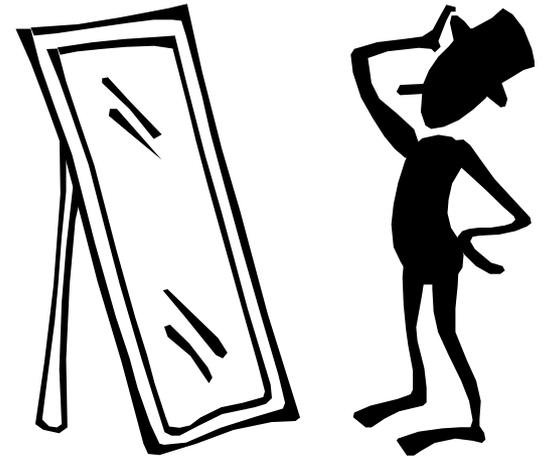
- is applicable to all peoples
- is value laden & rooted in belief systems
- is active & dynamic
- is multilayered & multidimensional
- exists at conscious & unconscious levels
- is often viewed as thick, thin, or compartmentalized
- provides group member identity
- structures perceptions & shapes behaviors
- varies in expression both among and between individual group members
- permeates every aspect of life



Goode, T. & Jones, W. Cultural Influences on Child Development: The Middle Years. In T. Gullotta T. & G. Blau (Eds.) *Family Influences on Childhood Behavior and Development: Evidence-based Approaches to Prevention and Treatment Approaches*. New York: Routledge, Taylor & Francis Group, 2008.

Culture

Culture is akin to being the person observed through a one-way mirror; everything we see is from our own perspective.

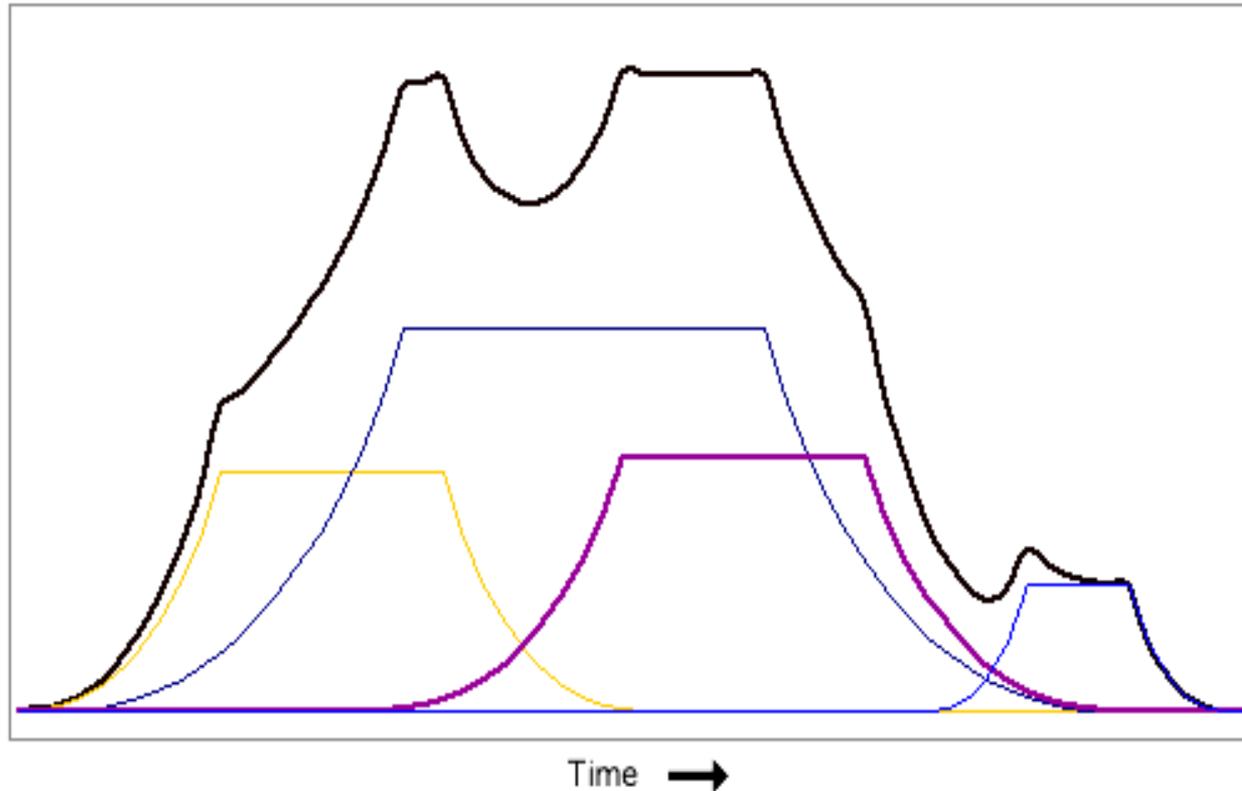


It is only when we join the observed on the other side that it is possible to see ourselves and others clearly – but getting to the other side of the glass presents many challenges.

(Lynch & Hanson 1992 Developing Cross Cultural Competence)

Multiple Cultural Identities

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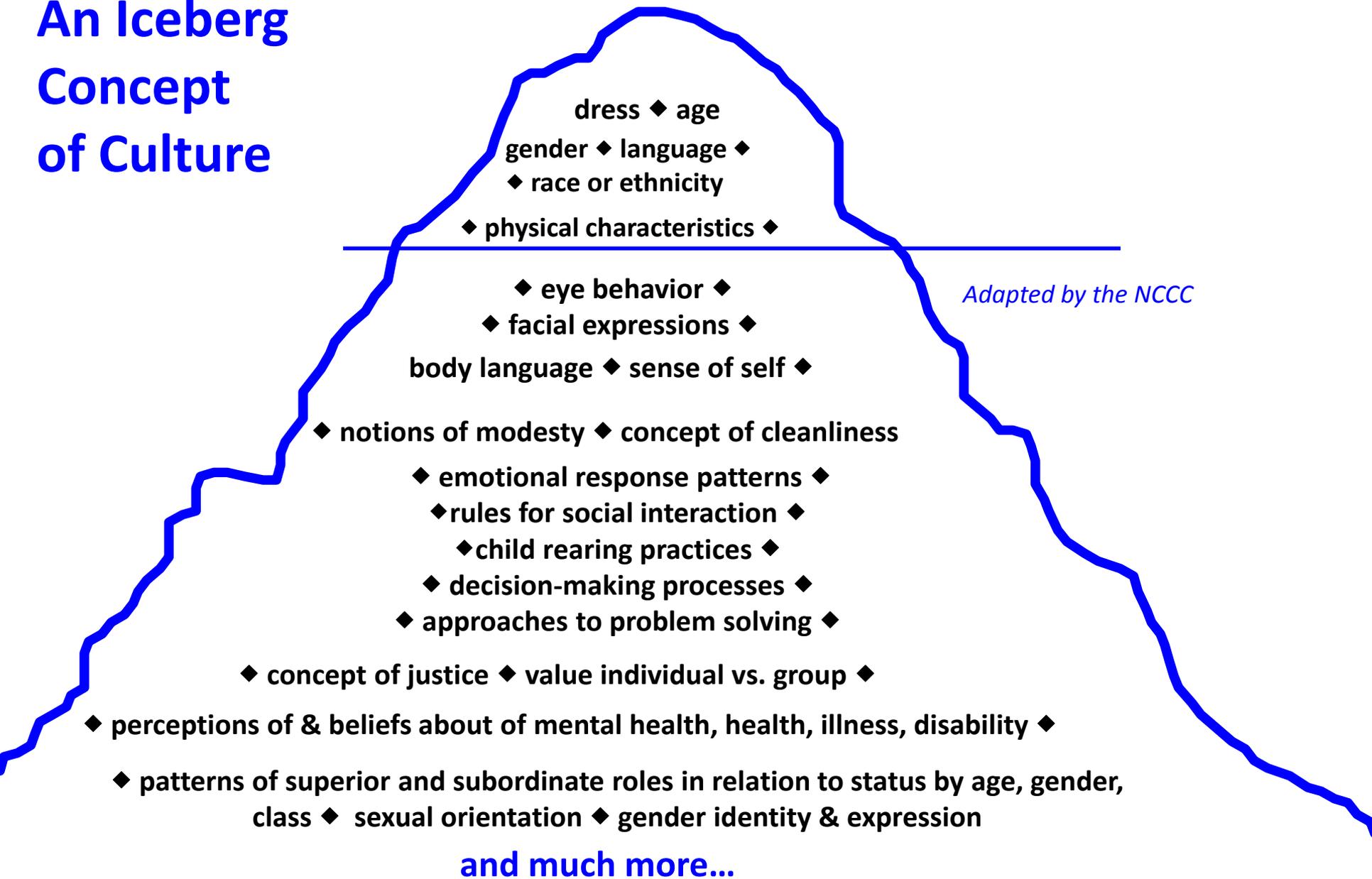


- Race or Ethnicity
- Profession or Position/Role
- Gender or Gender Identity
- "New Yorker"

POINT IN TIME & CONTEXT



An Iceberg Concept of Culture



Adapted by the NCCC

Culture is the lens by which we view the world.



CULTURAL AND LINGUISTIC COMPETENCE: Implications for Assistors

Rule # 1

Have a solid appreciation for and understanding of culture – both your own and the cultures of others.

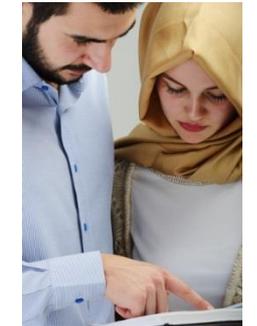


Diversity and Differing World Views



Cultural Diversity

The term *cultural diversity* is used to describe differences in ethnic or racial classification & self-identification, tribal or clan affiliation, nationality, language, age, gender, gender identity or expression, sexual orientation, socioeconomic status, education, religion, spirituality, physical and intellectual abilities, personal appearance, and other factors that distinguish one group or individual from another.



SPEED BUMP DAVE COVERLY



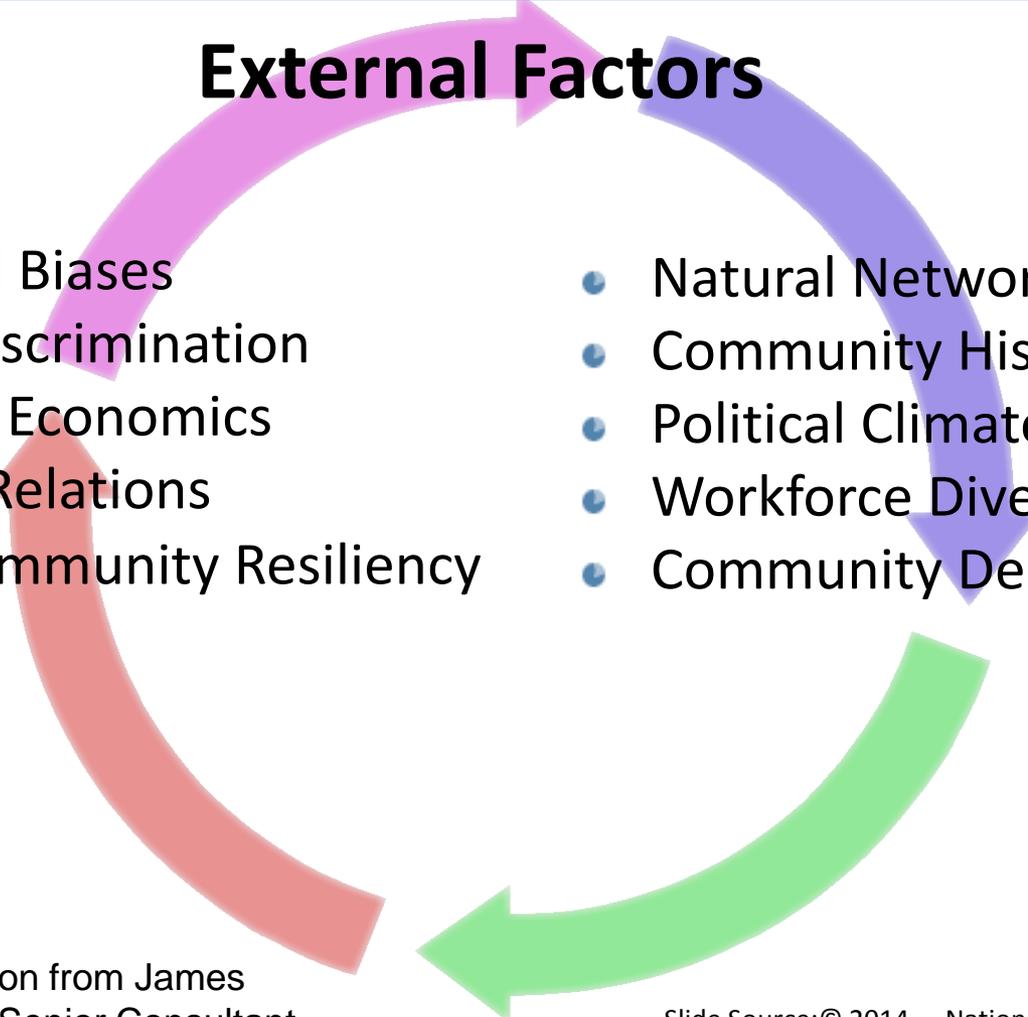
Cultural Factors That Influence Diversity Among Individuals and Groups

Internal Factors

-
- Cultural/Racial/Ethnic Identity
 - Tribal Affiliation/Clan
 - Nationality
 - Acculturation/Assimilation
 - Socioeconomic Status/Class
 - Education
 - Language
 - Literacy
 - Family Constellation
 - Social History
 - Perception of Time
 - Health Beliefs & Practices
 - Health & Mental Health Literacy
 - Beliefs about Disability or Mental Health
 - Lived Experience of Disability or Mental Illness
 - Age & Life Cycle Issues
 - Gender, Gender Identity & Expression
 - Sexual Orientation
 - Religion & Spiritual Views
 - Spatial & Regional Patterns
 - Political Orientation/Affiliation

Cultural Factors That Influence Diversity Among Individuals and Groups

External Factors



- Institutional Biases
- Racism & Discrimination
- Community Economics
- Intergroup Relations
- Group & Community Resiliency

- Natural Networks of Support
- Community History
- Political Climate
- Workforce Diversity
- Community Demographics

CULTURAL AND LINGUISTIC COMPETENCE:

Cross Cultural Care: A Patient-Centered Approach

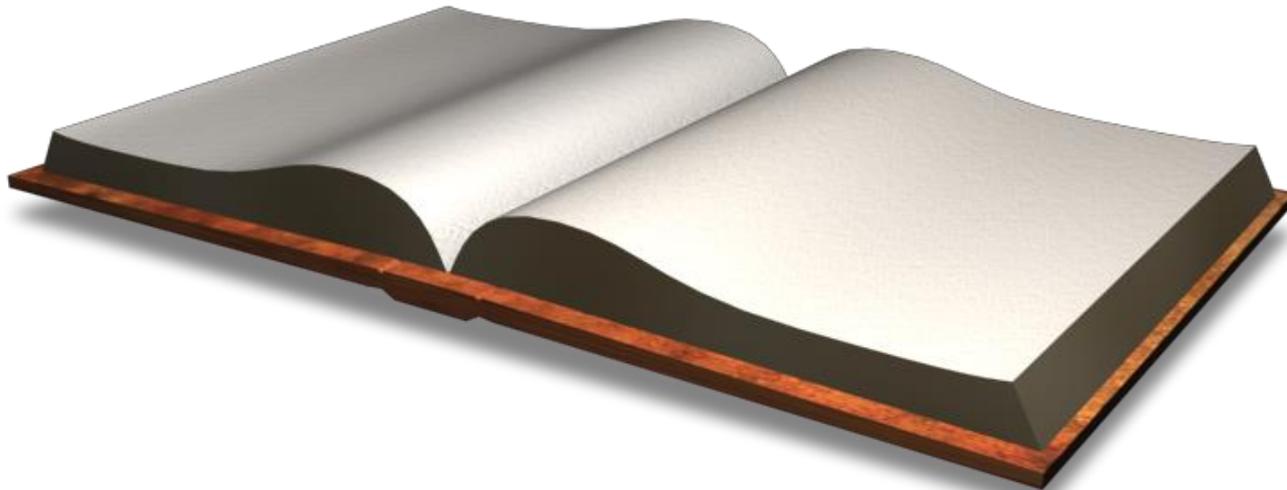
Rule # 2

**Diversity is not limited to race
nor ethnicity.**



Getting on the Same Page: Definitions and Conceptual Frameworks

Cultural Competence



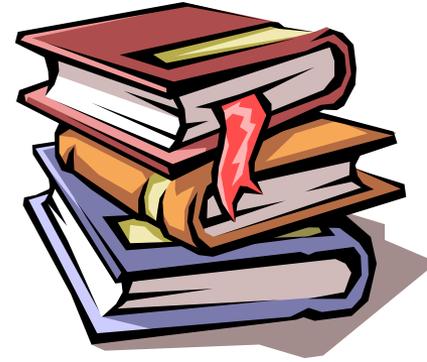
POLLING QUESTION

To what degree do you *intentionally* practice cultural competence in your position?

- A. Routinely (on a daily basis)
- B. Sometimes (several times per week)
- C. Rarely



Are we on the same page?



culturally aware

cultural
humility

culturally
competent

culturally
relevant

cultural
sensitivity

linguistically
appropriate

culturally & linguistically competent

multicultural competence

culturally appropriate

linguistically
competent

culturally
effective

cultural
proficiency

culturally relevant

cultural responsiveness



If truth be told

What some people in health and human services think and say about cultural and linguistic competence

"If I am asked to learn about cultural competence, then they must be implying that I am incompetent!"

"I already took that workshop."

"I may discover I have more biases than I care to admit."

"Isn't there an app for that?"

"I am a person of color. I know what it means to be culturally competent. I really don't need special training."

"Its just political correctness."

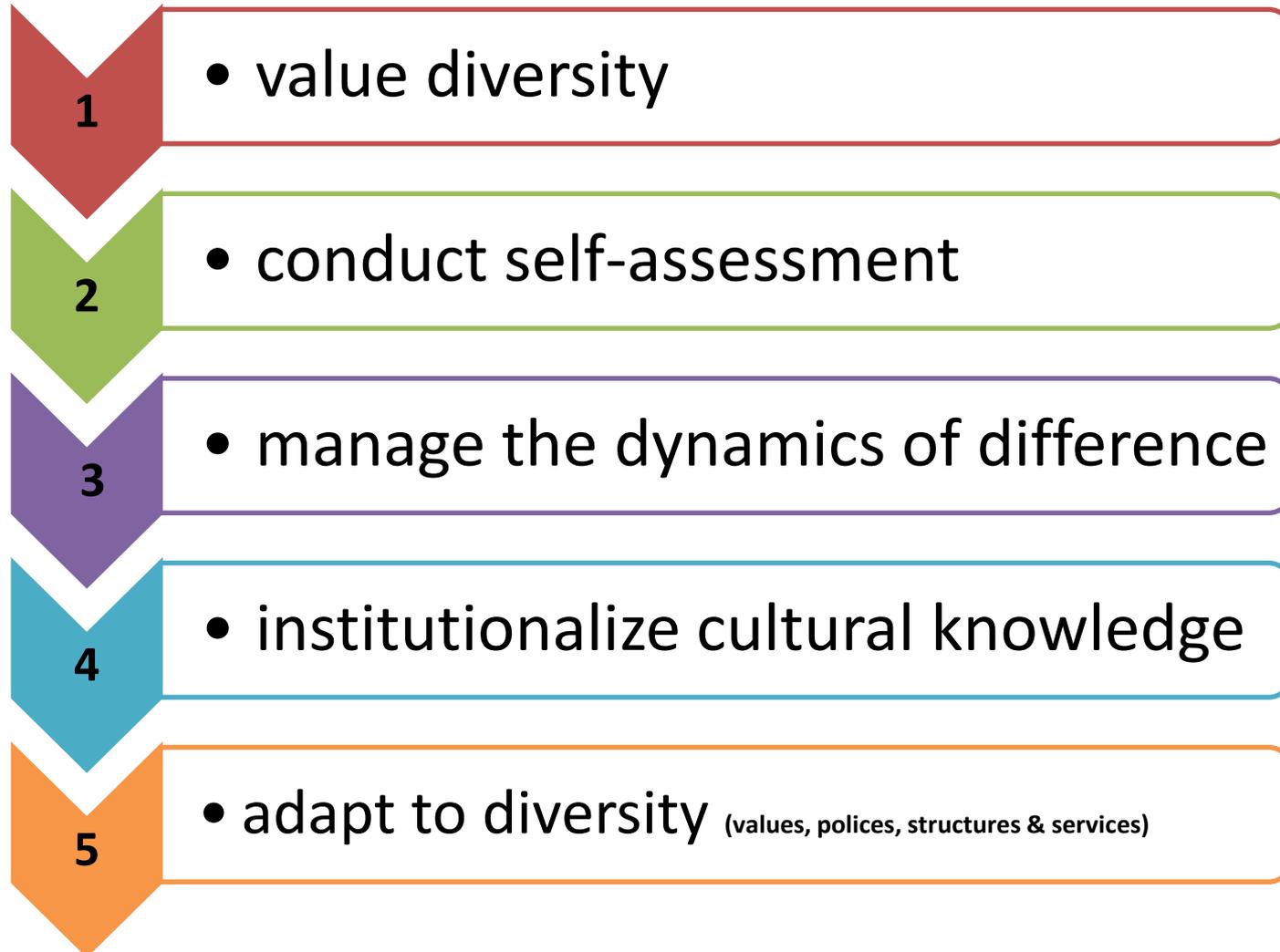
"Where is the evidence? Does this really even work?"

"There are too many cultures. I can't possibly learn about all of them."



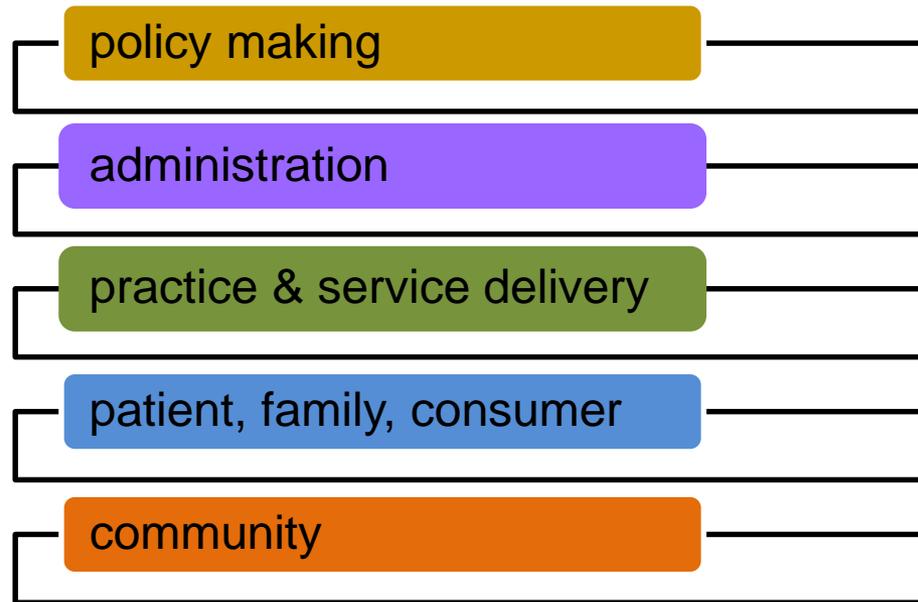
Five Elements of Cultural Competence

ORGANIZATIONAL LEVEL



ESSENTIAL ELEMENTS IN A CULTURALLY COMPETENT SYSTEM

These five elements must be manifested at every level of an organization or system including:



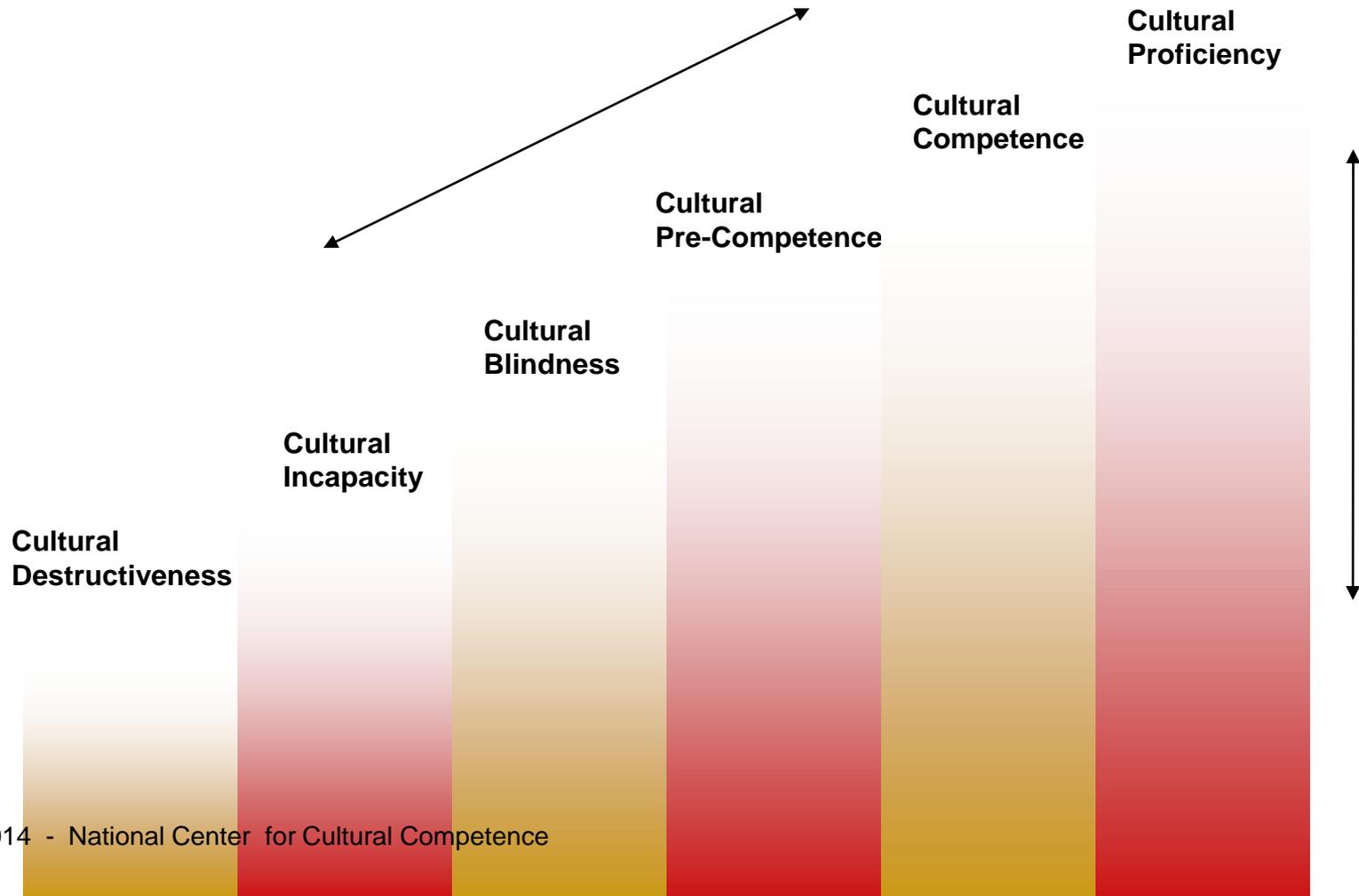
and reflected in its attitudes, structures, policies, practices, and services.

Adapted from Cross, Bazron, Dennis, & Isaacs, 1989



Cultural Competence Continuum

(Cross, Bazron, Dennis and Isaacs, 1989)



Five Elements of Cultural Competence

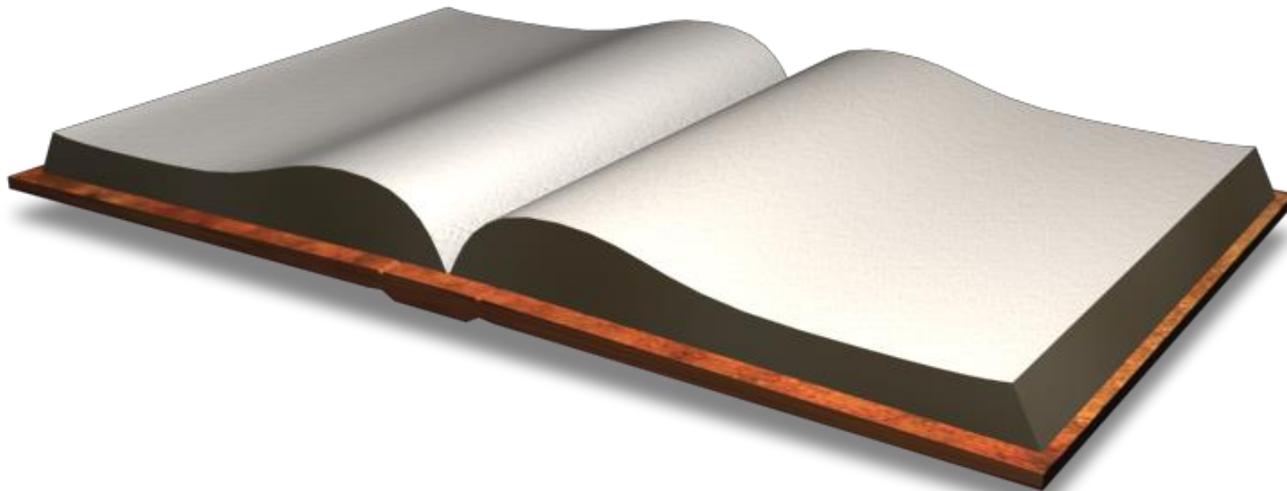
INDIVIDUAL LEVEL

- 1 acknowledge cultural differences
- 2 understand your own culture
- 3 engage in self-assessment
- 4 acquire cultural knowledge & skills
- 5 view behavior within a cultural context



Getting on the Same Page: Definitions and Conceptual Frameworks

Linguistic Competence



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



Title VI - Civil Rights Act of 1964

SEC. 601 TITLE VI--NONDISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS



Title VI of the Civil Rights Act of 1964- Sec. 601 ensures –nondiscrimination in Federally Assisted programs and states that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance”.

- <http://www.hhs.gov/ocr/civilrights/resources/laws/index.html>



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.

This includes the information needed to make decisions about and enroll in a health plan.



Health literacy requires the capacity to ...



DATA SOURCE: Rudd, R.E. (2003)
Empowering Disadvantaged Populations.
Harvard School of Public Health, Health
Literacy Studies.

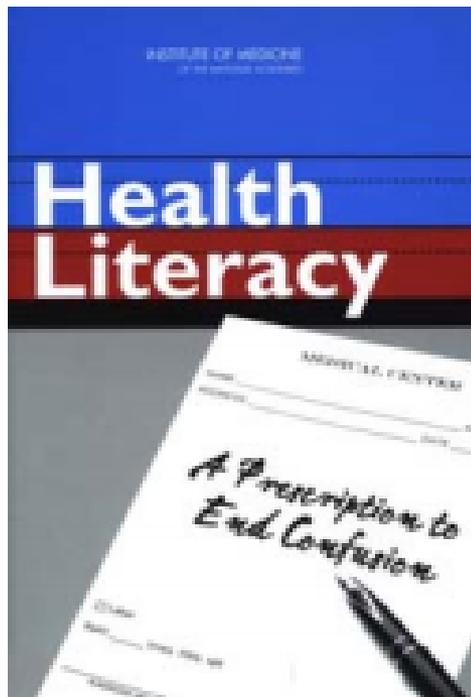


National Network of Libraries of Medicine

<http://nnlm.gov/>

Health Literacy in a Cultural Context

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 United States Department of Health and Human Services (HHS) recognizes that **"culture affects how people communicate, understand and respond to health information."**



Strategies and Tools to Address Health Literacy

Plain Language:

A Promising Strategy for Clearly Communicating Health Information and Improving Health Literacy

Plain language is communication your audience (*people seeking enrollment information*) can understand the first time they read or hear it.

Plain language combined with other good communication practices can increase the understandability of information.

No one technique defines plain language. Rather, plain language is defined by results—it is easy to read, understand, and use.



Research and experience demonstrate that plain language is an essential element of clear communication.



Data Sources:

Plain Language.gov. What is plain language? Retrieved on 10/3/14 from <http://www.plainlanguage.gov/index.cfm>

U.S. Department of Health and Human Services, Office of disease Prevention and Promotion. Retrieved on 10/3/14 from <http://www.health.gov/communication/literacy/plainlanguage/PlainLanguage.htm>

Plain Language:

A Promising Strategy for Clearly Communicating Health Information
and Improving Health Literacy

SPEAKING PLAINLY

Because some people learn better by listening than by reading, speaking plainly is just as important as writing plainly.

KEY THINGS TO REMEMBER IN YOUR INTERACTIONS



Everyone has difficulty understanding health information at some time.



Plain language is not “dumbing down.”



People with low literacy skills are *not* illiterate.

Plain Language:

A Promising Strategy for Clearly Communicating Health Information
and Improving Health Literacy

Writing Plainly

Language that is plain to one set of readers may not be plain to others.

The format of written documents is not the responsibility of Assistors. However, some potential applicants may need your help with navigating these documents.

Written material is in plain language if your audience can:

- find what they need,
- understand what they find, and
- use what they find to meet their needs.

Data Source: <http://www.health.gov/communication/literacy/plainlanguage/PlainLanguage.htm>

The “Teach Back Method”

The "Teach Back" Method is asking the consumer/client to repeat *in their own words* information that you have given them. This method allows you to check a consumer's understanding of the information.



Data Source: Adapted from North Carolina Program on Health Literacy.
Retrieved on 10/1/14 from <http://nchealthliteracy.org/>

Applying these Concepts to your Roles and Responsibilities



Cross-Cultural Communication



Language and culture are inextricably linked

Culture is encoded in language through forms of expression, communication preferences, and the way words are used.



Values, beliefs, and attitudes and a broad array of nuances are enmeshed in words and symbols, forming the base of knowledge and a system for communicating within every culture.

Source: Gilbert, M.J., Partida, Y., Goode, T., & Dunne, C. (2005) *Process of Inquiry— Communicating in a Multicultural Environment*. From the *Curricula Enhancement Module Series*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.



High Context Communication Styles

(high context cultures)

- ◆ Little is in the coded message itself
- ◆ Much is implied and indirect – the meaning is in the culture
- ◆ Language use is expressive
- ◆ Use of gestures, facial expressions, body movement

Data Source: Hall, E. T., (1976). *Beyond culture*, New York, NY: Anchor Books



Low Context Communication Styles

(low context cultures)

- ♦ Most of the information or meaning is in the message
- ♦ Language is direct, assertive, to the point!
- ♦ What you hear is what you get – no hidden messages

Data Source: Hall, E. T., (1976). *Beyond culture*, New York, NY: Anchor Books



Potential for misunderstanding, misinterpretation, and conflict may increase when low and high context communication styles interact.



*Culture is the lens
by which we view
the world.*

From your world
view, describe what
you see occurring in
the scenarios
depicted in the
photos that follow.





POLLING QUESTION

What's going on here?

- A. The listeners are confused
- B. The listeners disagree or are annoyed
- C. None of the above



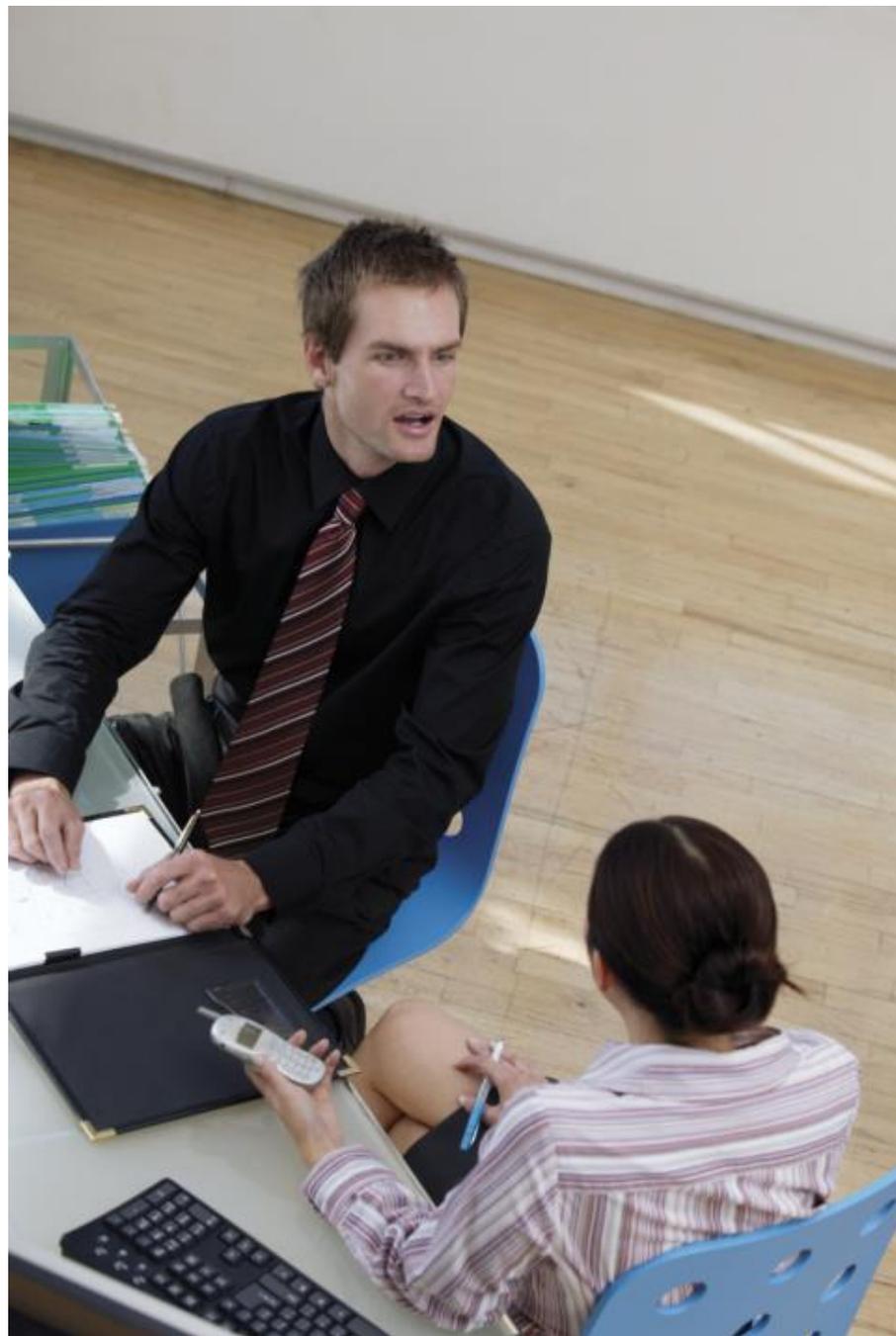


POLLING QUESTION

What's going on here?

- A. The speaker is using body language to make a point
- B. The speaker is telling the listener to “stop” or “back up”
- C. None of the above





POLLING QUESTION

What's going on here?

- A. The speaker is agitated or angry with the listener
- B. The speaker uses facial expressions to convey his message
- C. None of the above



Defining Conscious or Explicit Bias

- Cognizant/Aware of biases
- Able to articulate biases
- Awareness of conscious bias can lead to changes in verbal communication, but not nonverbal



Examples in our work

- “I don’t like working with ...” (age, gender, sexual orientation)
- “It takes too long and it is too hard when I have to work with people who need an interpreter.”
- “Some of them can’t even read or write. I just break it down like I am talking to a first grader – and guess they understand.”

Defining Unconscious or Implicit Bias

- Unaware/Not Cognizant
- We often deny it



Examples in our work

- “That type of discrimination is in the past.”
- “We elected our first African American president, the country is post-racial.”
- “Unfair or disparate treatment by race, ethnicity, sexual orientation happens in other settings – not here.”



ENVIRONMENTAL SCAN OF THE LITERATURE

Identified Areas of Bias

- Age
- Disability
- Education
- English language proficiency and fluency (including the capacity to speak Standard English for native-born English speakers)
- Ethnicity
- Health status
- Disease/diagnosis (HIV/AIDS)
- Insurance
- Obesity
- Race
- Socioeconomic status (SES)
- Sexual orientation, gender identity, or expression
- Skin tone
- Substance use (injection drug user)
- Social contact (amount of contact that practitioners have with patient populations)



The Evidence About Biases

FINDINGS: Implicit Association Test (IAT)

- More than 4.5 million people have taken the IAT
- Implicit biases are formed over time and influenced by the values, messages and belief systems of the society in which we live . Over time these messages and beliefs become so ingrained in us that they are activated automatically without us realizing it.
- We typically have preferences for those who are like us

Data Sources:

Project Implicit. Frequently Asked Questions. Retrieved on 9/20/13 from <https://implicit.harvard.edu/implicit/demo/background/faqs.html>

National Center for Cultural Competence Conscious and Unconscious Biases in Health Care. A Focus on Lupus. Continuing Medical Education. Retrieved on 9/20/13 from <http://thelupusinitiative.org/cmece/>



The Evidence About Biases

FINDINGS: Implicit Association Test (IAT)

- Most respondents have bias based on race, ethnicity, gender, weight, and age.
- About 75% of Whites and Asians demonstrated an implicit bias in favor of Whites compared to Blacks.
- While 50% of Black Americans show an automatic Black preference on the test, the other half show an automatic white preference.

Data Sources:

Project Implicit. Frequently Asked Questions. Retrieved on 9/20/13 from <https://implicit.harvard.edu/implicit/demo/background/faqs.html>

National Center for Cultural Competence Conscious and Unconscious Biases in Health Care. A Focus on Lupus. Continuing Medical Education. Retrieved on 9/20/13 from <http://thelupusinitiative.org/cmece/>



The Evidence About Biases

RESEARCH FINDINGS

- Implicit bias can be conveyed through interpersonal communication (body language and posture, facial expressions, distance) and can have a negative effect on interactions with others.
- When we are unaware of biases, we cannot address them

Data Sources:

Project Implicit. Frequently Asked Questions. Retrieved on 9/25/14 from <https://implicit.harvard.edu/implicit/demo/background/faqs.html>

National Center for Cultural Competence Conscious and Unconscious Biases in Health Care. A Focus on Lupus. Continuing Medical Education. Retrieved on 9/25/14 from <http://thelupusinitiative.org/cmece/>



What's a Well-Meaning Professional to Do?

Six Interventions to Address Unconscious or Implicit Bias

- Acknowledge and Accept
- Assume Individual Responsibility
- Engage in Self-Reflection & and Self-Assessment
- Take a Go at the IAT
- Make Good Use of the Neuroscience
- Collect and Use Data Effectively & Perform Self-Monitoring
- Incorporate Cultural & Linguistic Competence in Your Practice

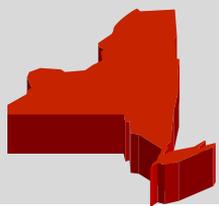


How do the Five Elements of Cultural Competence Apply to the Role of the Assistors

INDIVIDUAL LEVEL

- 1 acknowledge cultural differences
- 2 understand your own culture
- 3 engage in self-assessment
- 4 acquire cultural knowledge & skills
- 5 view behavior within a cultural context





NY STATE OF HEALTH

ROLES AND RESPONSIBILITIES OF ASSISTORS

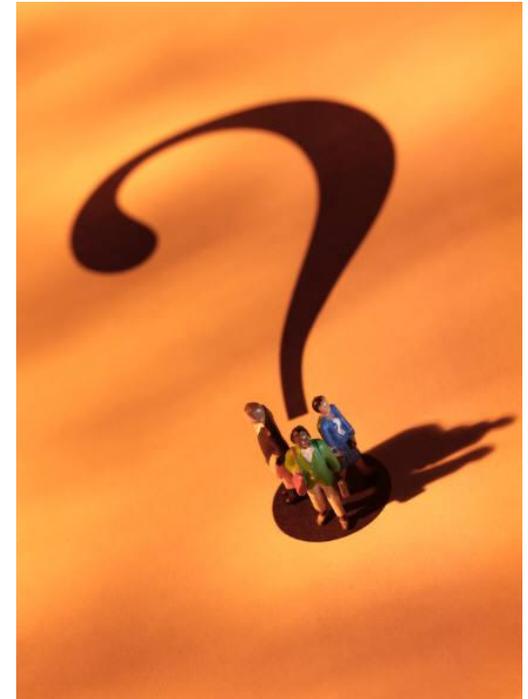
Using the **CARE** Model

Skills of Engaging

- **Concentrate**
- **Acknowledge**
- **Research**
- **Emotional Control**

RESPONDING TO YOUR QUESTIONS ABOUT ...

- The LGBT population
- Native Americans
- Immigrants
- Individuals who speak English as a second language
- Gender roles



RESPONDING TO YOUR QUESTIONS ABOUT...

“How do you
address a person
who is
transgender?”



POLLING QUESTION

A new client comes to the office and uses the name “Sam.” On the basis of Sam’s appearance and voice, you’re unsure of the person’s gender. What is the best approach in this situation?

Choose only one response

- A. Don’t ask any questions about it, but clearly make an effort to avoid gender pronouns and titles such as “sir” or “ma’am” throughout the conversation.
- B. Ask for a form of ID and use the gender listed on the ID.
- C. Politely ask how Sam would prefer to be referred to.
- D. Guess on the basis of Sam’s appearance and voice.



VIGNETTE

Sam is a 28-year-old person who contacts you by phone to learn more about enrolling for health insurance under the Affordable Care Act. When you address this person as “sir,” Sam corrects you by saying, “Actually, it’s ma’am.”

How do you react when Sam corrects you from “sir” to “ma’am”?

- Politely apologize and move on.*
- Remember to use the gender pronouns “she” and “her” throughout your encounter with Sam.*
- Document Sam’s preferred gender pronoun for future encounters.*



Definitions: Getting on the Same Page

Transgender: A term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth. Transgender is a broad term and is good for non-transgender people to use. “Trans” is shorthand for “transgender.”

(Note: Transgender is correctly used as an adjective, not a noun, thus “transgender people” is appropriate but “transgenders” is often viewed as disrespectful.)

Transgender Man: A term for a transgender individual who currently identifies as a man (see also “FTM”).

FTM: *A person who transitions from “female-to-male,” meaning a person who was assigned female at birth, but identifies and lives as a man. Also known as a “transgender man.”*

Definitions: Getting on the Same Page

Transgender Woman: A term for a transgender individual who currently identifies as a woman (see also “MTF”).

***MTF:** A person who transitions from “male-to-female,” meaning a person who was assigned male at birth, but identifies and lives as a female. Also known as a “transgender woman.”*

Gender Identity: An individual’s internal sense of being male, female, or something else. Since gender identity is internal, one’s gender identity is not necessarily visible to others.

Gender Expression: How a person represents or expresses one’s gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

RESPONDING TO YOUR QUESTIONS ABOUT...

Native Americans

How do we
outreach and work
with this
population?



Native American Populations in New York State

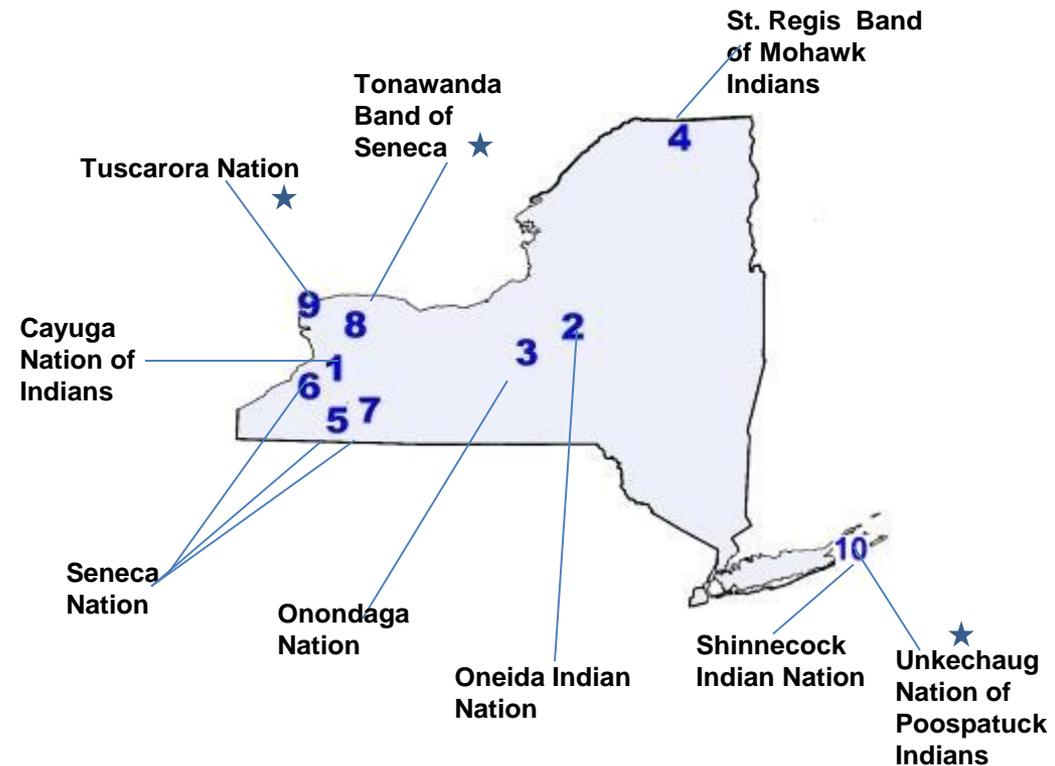
Original Inhabitants of New York State



Source: Native Languages of the Americas, Native American tribes of New York. Retrieved from <http://www.native-languages.org/york.htm>

Federally Recognized Tribes in New York State

★ Tribes Recognized by New York State



Source: National Council of State Legislatures. Retrieved from <http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx#ny>

Differentiating Community Outreach from Community Engagement

The NCCC asserts that there is a distinct philosophical difference between outreach and engagement, particularly as it relates to the values and principles of cultural and linguistic competence. Outreach implies a unilateral or one-way approach from the organization or agency to the community, whereas engagement implies the bilateral or two-way exchange.



Community Engagement is “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.”

Retrieved from Principles of Community Engagement,
Center for Disease Control and Prevention:

<http://www.cdc.gov/phppo/pce/> on 11/16/12



Immigrants

How to make the immigrant community feel comfortable that coverage is available to them?



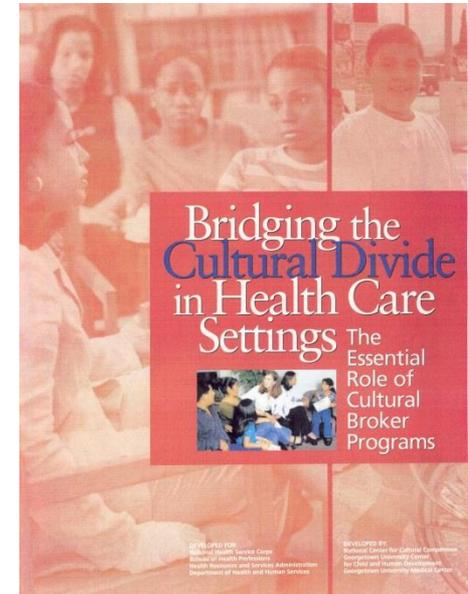
Contextual Realities within Immigrant Communities

- ☑ high degree of diversity within immigrant communities.
- ☑ myths, rumors, inaccurate information
- ☑ past experiences (in U.S. & countries of origin)
- ☑ families with members who have mixed status may be reluctant or afraid to accept “government services.”



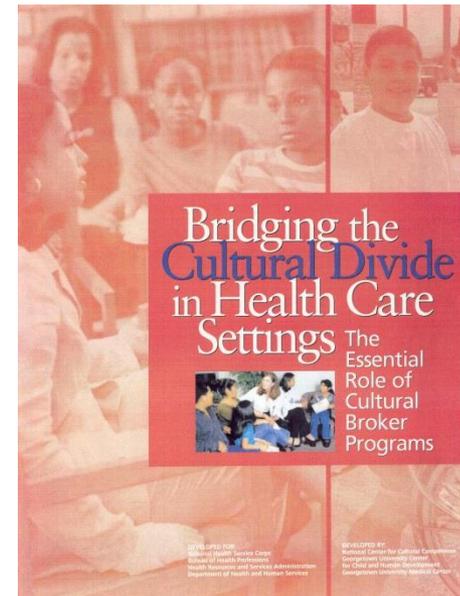
Concept of Cultural Brokering

The act of bridging, linking or mediating between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change (Jezewski, 1990).



Who is the Cultural Broker?

- liaison
- cultural guide
- mediator
- catalyst for change



Characteristics & Attributes of a Cultural Broker

- trust & respect of the community
- knowledge of values and beliefs of diverse racial, ethnic, and cultural groups about government-sponsored health care and/or insurance
- understanding of traditional & indigenous networks of support within diverse communities



RESPONDING TO YOUR QUESTIONS ABOUT...

Individuals with limited English Proficiency or Low Literacy

Is it ever appropriate for children
and adolescents to serve
as interpreters?

NEVER!



RESPONDING TO YOUR QUESTIONS ABOUT...

Gender Roles

How to discern who is responsible for health-related decision-making in some communities?

SIMPLY ASK



**As a culturally competent _____
I am capable of interacting positively with
people who do NOT**

look like,

talk like,

move like,

think like,

believe like,

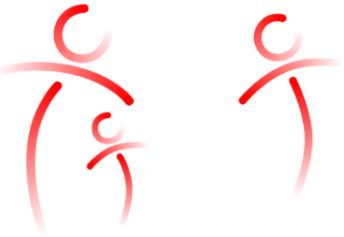
act like,

love like,

live like...

ME!!!

CONTACT US



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