

Ohio Strategic Prevention Framework (SPF)



Cultural and Linguistic Competence Resource Guide



Ohio SPF is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) and the Ohio Department of Mental Health & Addiction Services (OhioMHAS)





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Introduction

The Strategic Prevention Framework (SPF) is built on a community-based risk and protective factors approach to prevention and a series of guiding principles designed to help communities build culturally-competent, sustainable local infrastructure that focus on delaying the onset of Alcohol and Other Drug (AOD) use and reducing substance-related problems.

This document is designed to assist community behavioral health providers in strategically thinking about culturally competent services. Effective cultural competent services and programming must be an intentional process.

At the onset, a fully focused cultural competence strategic plan can be overwhelming. It may appear there is not enough time, talent, expertise, resources and even diversity to create a culture of cultural competence. Do not give up, you are not alone. Consider the lessons learned from your previous work. Identify and record all changes in conditions (large and small) that have or may have impacted the program from a diversity and cultural perspective. We encourage you to move beyond the suggestions in this document, think outside the box, be creative, use this guide as a place to expand and do what works for your community.

The resources in this guide are designed to be used as a tool to enrich cultural competent services, programming and activities. By providing a structure to implement culturally and linguistically appropriate services, the enhanced *National Standards for Culturally and Linguistically Appropriate Services (CLAS)* outlined on page 30 of this guide, will improve an organization's ability to address health care disparities. Culturally and linguistically appropriate services are recognized as mandatory measurable outcomes in achieving appropriate behavioral health and human services.

This resource guide was developed in collaboration with Performance Consulting Services, Global Insight and the Ohio Department of Mental Health & Addiction Services (OhioMHAS) as a part of Ohio's Strategic Prevention Framework. For more information go to: <http://mha.ohio.gov/spf>



Why Do We Need This Guide?

Every culture is driven by its unique and distinct characteristics. Understanding a community's cultural norms, values, practices, hopes, loyalties, concerns and fears, etc. will assist providers in providing appropriate services and to help achieve meaningful, measurable and sustainable outcomes.

The delivery of culturally competent services requires insight, empathy, knowledge and skills. Culturally competent services and programming requires not only cultural awareness, but one must develop cultural consciousness and integrity in order to reach, embrace and impact diverse populations. For example; many behavioral health providers believe they do a good job of serving diverse people by treating them "equal" or the "same". However, culturally competent and integrity based services dictates a deeper dive into understanding the make up and totality of a specific culture.

It requires continual cultural assessment and community engagement with sincerity and integrity. As a result, we will then begin to understand the importance of treating people by the platinum rule vs. the golden rule. We all know the Golden Rule... treat people the way **you** want to be treated. The Platinum Rule suggests, we treat people the way **they** want to be treated, which requires personal/professional engagement, exploration and experience.

Embracing cultural competence opens the door of exploration to understanding, valuing and appreciating others thus positioning oneself to deliver culturally competent integrity based services. When behavioral health providers increase their cultural competence, program productivity is strengthened and services are more effective and efficient. Cultural competence is just good business - it increases the organization's bottom line.

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Resource List

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Cushner, Kenneth, and Richard Walter Brislin. *Improving Intercultural Interactions: Modules for Cross-cultural Training Programs, Volume 2*. Thousand Oaks: Sage, 1997. Print.

Edberg, Mark Cameron. *Essentials of Health, Culture, and Diversity: Understanding People, Reducing Disparities*. Burlington, MA: Jones & Bartlett Learning, 2013. Print.

Gardenswartz, Lee, and Anita Rowe. *Diverse Teams at Work: Capitalizing on the Power of Diversity*. Chicago: Irwin Professional Pub., 1994. Print.

Junco, Reynol, and Jeanna Mastrodicasa. *Connecting to the Net. Generation: What Higher Education Professionals Need to Know about Today's Students*. Washington, DC?: NASPA, Student Affairs Administrators in Higher Education, 2007. Print.

Marquardt, Michael J. *Leading with Questions: How Leaders Find the Right Solutions by Knowing What to Ask*. Print.

Millennials Rising: The Next Great Generation — Neal Howe and William Strauss Vintage Original 2000

"National Center for Cultural Competence." Web. 30 July 2014.
O'Connell, Mary Ellen, Thomas F. Boat, and Kenneth E. Warner. *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*. Washington, D.C.: National Academies, 2009. Print.

"Ohio Endorsed Definition for Cultural Competence." *Multiethnic Advocates for Cultural Competence Inc. (MACC)*. Web. 30 July 2014.



An Inclusive Journey

As a result of history, personal socialization, systematic and instructional oppression, we all have strong feelings, prejudices and bias about race, ethnicity, culture, gender, generations, sexual orientation, etc. Therefore, enhancing cultural and linguistic competence is a charge for **all** behavioral health providers. Being from a particular diverse population does not make one culturally competent. Cultural competence is an ongoing, deliberate and strategic process. We all can and should be open and receptive to learning how different people and cultures act, perceive and interpret challenges and issues. We encourage you in your efforts in this cultural competence journey.

Using This Guide

Carefully review each phase of the Strategic Prevention Framework in this guide. Consider ways to act and improve cultural competence in that particular phase. Solicit suggestions, insight and perspectives from diverse resources (team members, community leaders, stakeholders, customers, research articles, trainings and workshops) available in assisting you and your team in thinking outside the "normal cultural boundaries" when providing culturally competent services. Use the SPF worksheets to specifically record your team's cultural competence plan of action.



Basic Definitions

For the purpose of this document we will use the following terms and definitions:

Culture is a way of life of a given group of people passed down from one generation/ time period to the next through learning and experience. Culture is like the air we breathe: we sometimes take it for granted, rarely think about it, and assume our world viewpoint is merely the human viewpoint.

Cultural Consciousness is the quality or state of being aware of cultural dynamics for what it is, suggests and implies; internal knowledge; the consciousness of doing or being (positive or negative). The awareness of ones cultural existence, thoughts, sensations, and surroundings, etc.

Diversity is the condition of being different or having differences. (*Webster's Dictionary*)

Diversity (operational definition) is the full utilization of all human resource potential. It is understanding and valuing the uniqueness in others, while effectively mobilizing similarities and differences to achieve a common objective or goal. (*Edwin Nichols, Ph.D. nationally renowned psychologist specializing in organizational development and the philosophical aspects of cultural difference.*)

Diversity and Cultural Dimensions are demographics to consider in all phases of SPF. They are vast and include but are not limited to: race, gender, age, ethnicity, sexual identify, sexual orientation, physical/mental ability, literacy level, personal habits, recreational habits, religion, income, community power, political affiliation, work experience, geographic location, appearance, level of sobriety, parental status, marital status, job level, organizational affiliation, seniority, division/group/team, etc. (*Lee Gardenswartz and Anita Rowe. Internal and External Dimensions*)

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Assessment

Having a full understanding of the community served is key to successfully addressing needs. Assessment requires the identification and profile of a communities needs (who, what, when, where, how and why), resources, gaps and readiness.

What Is Going On In The Community?

- What type and how prevalent is the substance abuse problem in your community confronted with?
- What are the actual substance use and abuse rates and patterns?
- What are the related problems and/or consequences precipitated from their usage?
- What resources exist in the community that are currently addressing the identified problems related to substance abuse?
- What are the prevention resource infrastructures?
- What is supporting the substance abuse problem in the community?
- How ready is the community for a prevention initiative?
- What are the residents' attitudes, customs, habits, practices and community norms relative to substance abuse?
- How prepared are the you to implement a substance abuse prevention program?
- Who would be a candidate for building capacity, and what uniqueness do they bring to the table?



Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

- Dr. Martin Luther King, Jr.

The Case for the National CLAS Standards

The enhanced National CLAS Standards were developed in response to health and health care disparities, changing demographics, and legal and accreditation requirements. With the Institute of Medicine's publication of Unequal Treatment in 2003, culturally and linguistically appropriate services gained recognition as an important way to help address the persistent disparities faced by our nation's diverse communities. There have also been rapid changes in demographic trends in the U.S. in the last decade. Additionally, national accreditation standards for professional licensure in the fields of medicine and nursing, and health care policies, such as the Affordable Care Act, have also helped to underscore the importance of cultural and linguistic competency as part of high quality health care and services.

The enhanced National CLAS Standards address these new developments and trends, and offer an even stronger framework to provide culturally and linguistically appropriate services. The enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities



Culturally and Linguistically Appropriate Services (cont.)

Standard 12:

Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

Standard 13:

Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Standard 14:

Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Standard 15:

Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



Questions To Consider

- Is the assessment profile culturally inclusive?
- Has the diverse make up of the community been clearly identified?
- Have the appropriate actions and steps been taken to mobilize a culturally inclusive community?
- What are the cultural resources and gaps in the community services?
- Are community readiness tools, strategies, policies, procedures, practices culturally inclusive?

Cultural Competence Suggestions

Be Inclusive

Learn the cultural history, demographics, norms, habits and practices of the community /people being served.

Respect and embrace the unique, cultural needs of the community's various populations.

Use culturally appropriate verbal and nonverbal communication tactics and strategies.

Cultural acceptance is communicated by your program's willingness to embrace, promote and adapt all of your actions, ideas, concepts and tools to your community's unique needs, such as:

- Depicting diverse groups in the images and content of brochures and materials,
- Considering the music and foods served at events,
- Observances of cultural substance use and abuse holidays,
- Acknowledgment of religious/spiritual norms, customs, habits and practices,
- Consider family structure, genetics, customs, norms and practices,
- Understand the physical and ethnic, representations and/or the diverse makeup of the people or persons being served.



Assessment Worksheet

What are our issues relative to cultural competence?

What is needed?

Who is responsible?

Date (s) of completion?



Standard 6:

Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Standard 7:

Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Standard 8:

Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY:

Standard 9:

Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

Standard 10:

Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

Standard 11:

Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.



Culturally and Linguistically Appropriate Services (CLAS)



The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

PRINCIPAL STANDARD:

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.

GOVERNANCE, LEADERSHIP AND WORKFORCE:

Standard 2:

Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.

Standard 3:

Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

Standard 4:

Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

COMMUNICATION AND LANGUAGE ASSISTANCE:

Standard 5:

Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Questions To Consider

Cultural Competence Suggestions

Plan of action



Putting It All Together

“We may run, walk, stumble, drive, or fly, but let us never lose sight of the reason for the journey.” African Proverb

Remember, the road to cultural competence is a journey. The great thing that makes the SPF model effective from a cultural competence standpoint is that you are not using any one of these phases independently. The phases of the SPF; Assessment, Capacity, Planning, Implementation, Evaluation and the overlaying components of Cultural Competence and Sustainability operate in a synergistic manner. Each phase builds and complements each other and is enhanced by one another. You will find many of the cultural competent strategies will often overlap from one phase to another which strengthens program outcomes. Learn the process and be open to events that will evolve in a non-linear way. Be prepared to deal with issues as they surface and always seek ideas, assistance and support from others.

The cultural competence journey is the conduit to eliminate service and participation disparities for people of diverse racial, ethnic, generational and linguistic populations. Cultural competence will improve the effectiveness and the quality of the programs, policies, principles and practices chosen to achieve sustainable outcomes. It encourages effective, equitable, understandable, and respectful quality of care and services for **all**. Enjoy the journey!



Questions To Consider

- What unique qualities do the key stakeholders bring to the table?
- Do policies and procedures encourage reaching out to and uniquely engaging with diverse cultures, resources, and coalitions?
- Is the cultural composition of membership diverse? Be sure to consider more than racial and ethnic diversity. There are many dimensions of diversity to consider (*see Diversity and Culture Dimensions, page 6*).
- Are the coalition/team members' views on diversity consciousness, inclusion and integrity deliberately assessed as part of on-going capacity evaluations?

Cultural Competence Suggestions

Foster A Genuine Approach

- Acknowledge “culture” as a predominant force in shaping and influencing behaviors, attitudes values. Form committees, groups, organizations and associations to specifically address cultural competence.
- Forge inclusive (race, ethnicity, gender, socioeconomic, religion, age, physical/mental ability, sexual orientation, power base, etc.) partnerships at the local level with citizens, community leaders, influencers from business and community. Engaging multiple segments of the community will increase success in building capacity.
- Include multi-cultural training and programming as an intricate part of all aspects of the SPF initiative.
- Developing relationships of familiarity, comfort and trust are critical when soliciting open, candid and honest dialogue and discussions.



Capacity Worksheet

What are our issues relative to cultural competence?

What is needed?

Who is responsible?

Date (s) of completion?



Questions To Consider

Cultural Competence Suggestions

Plan of action



Evaluation Worksheet

What are our issues relative to cultural competence?

What is needed?

Who is responsible?

Date (s) of completion?



Questions To Consider

Cultural Competence Suggestions

Plan of action



Planning

The key to successfully addressing community needs is developing a comprehensive strategic plan.

A great deal of thought must be employed in the creation of the appropriate method of acting, doing and processing, to ensure cultural competence in addressing substance abuse in a community.

Include **Phase 1:** (Assessment) and **Phase 2:** (Capacity) in developing the cultural competent comprehensive and data driven strategic plan to address the communities needs and/or challenges.

The strategic plan will lay the groundwork for implementing activities such as:

- Capacity Expansion
- Training/Education
- Development of monitoring and evaluation systems
- Identification and selection of evidence-based strategies, programs, policies and practices to be implemented
- An evaluation plan

Your plan should include but not be limited to:

- Strategic Goals
- Objectives
- Performance Targets
- Logic Models
- Action Plans



Questions To Consider

- Has every phase of the SPF initiative (Assessment, Capacity, Planning, Implementation, Evaluation) been evaluated for its level of cultural competence?
- Have all segments (Administration, Programs, Policies, Procedures, Activities, Service, Support, Leadership, Boards, Coalition, Membership, Communication, Environment, etc.) of the project been evaluated for its level of cultural competence?
- Has the team, coalition, staff and participants been surveyed relative to diversity and cultural competence recommendations?
- Do the evaluators have a thorough understanding of their service population as well as the underserved populations within the community?

Cultural Competence Suggestions

Don't expect what you don't inspect:

- Assess your policies, practices, programs and processes for their level of cultural competence by periodically surveying your program staff and participants.
- Build in checks and balances to ensure you have multiple ways of evaluating the success of the initiative from all perspectives.
- Include a divergent / convergent (brainstorming /problem solving) process to secure a broad range of perspectives and view points, not only from one's own vantage point, but that of the diverse views of community members and stakeholders.



Evaluation

The primary focus of the evaluation process is to monitor, measure, evaluate, sustain, and improve or replace those strategies, policies, procedures practices and/or programs that are not culturally competent.

The “lessons learned” evaluation process is critical because it tells us:

- How did we do?
- Who was significantly impacted?
- What challenges or barriers did we face?
- What may have been useful but not yielding tangible results?
- What doesn't work and needs to be discarded?
- What needs to be improved?
- How it should be improved?

As a result, the evaluation process includes:

- Process evaluation
- Collection of required outcome data
- Review of policy, program and practice effectiveness
- Development of recommendations for quality improvement
- Recognizing and identifying if and when there is a need to deviate from the status quo to improve program outcomes
- Review to ensure diverse participants are involved in the evaluation process



Questions To Consider

- Is the plan in alignment with the participant's worldviews, traditions, culture and customs?
- Are non-traditional practices such as spirituality, homeopathic, yoga, creative arts, etc. considered as a part of a prevention plan?
- Have accommodations been considered relative to diverse populations (i.e. literacy or physical / behavioral disorders, etc.)
- Do plans include multi-lingual services (TDD or operator relay systems, large print, Braille, sign language, diverse languages) etc.?

Cultural Competence Suggestions

Continuously challenge your thinking:

- Foster a welcoming environment. Set an expectation that all members of diverse race, ethnicity, age, language, disability, etc. are invited, welcomed and encouraged to share views, perspectives and discomforts with all phases of the planning process. This ensures buy-in and alignment in the creation of an effective culturally competent plan.
- Designate a specific team member or committee to be responsible for cultural competency throughout the planning process.
- Ensure compliance with all state and federal mandates such as the National Standards for Culturally and Linguistically Appropriate Services (CLAS). CLAS Standards which includes the following themes; Principle Standard, Governance, Leadership and Workforce, Communication and Language Assistance, Engagement, Continuous Improvement and Accountability, are intended to advance health quality, improve health equity, and help eliminate health care



Planning Worksheet

What are our issues relative to cultural competence?

What is needed?

Who is responsible?

Date (s) of completion?



Questions To Consider

Cultural Competence Suggestions

Plan of action



Implementation Worksheet

What are our issues relative to cultural competence?

What is needed?

Who is responsible?

Date (s) of completion?



Questions To Consider

Cultural Competence Suggestions

Plan of action



Implementation

Crafting a detailed action plan for all elements of the prevention intervention provides a step-by-step guide for how the programs and activities will be implemented.

Implementation simply means doing all the tasks identified and chosen to reach the goals and objectives in a cultural competent manner. It is documenting and measuring how plans are carried out, how well they work, making course corrections as needed, and finalizing the evaluation plan.

Activities during implementation are likely to include but are not limited to:

- Carrying out planned services
- Documenting the implementation process
- Analyzing and evaluating the implementation process for cultural competence
- Modifying services
- Including a variety of diverse participants and partners in the implementation and evaluation process
- Re-working the implementation process if perceived flaws or continuity disconnect is detected
- Monitoring of the implementation process to ensure continuity and integrity



Questions To Consider

- Are key documents, brochures, e-mails, websites, manuals, curricula, etc., in culturally specific languages and/or literacy levels of the people you serve?
- Do implementation plans, social media and/or social norms campaigns, activities specifically mention and/or display pictures, icons, approaches that are culturally relevant?
- Are meeting locations accessible and welcoming to people from diverse communities, abilities and cultures?

Cultural Competence Suggestions

Consider Culture, Norms and Idiosyncrasies

- Many behavioral health providers tend to operate from middle-class norms and use the hidden societal engagement rules of the middle class as outlined in the Ruby Payne book *A Framework for Understanding Poverty*. These "hidden rules" are not directly taught in school or in the workplace. Social rules, customs, norms and behaviors are learned and/or frequently influenced by one's socialization from family and many aspects of the community we grow up in.
- People from different generations, racial/ethnic family groups, and other cultural subgroups are usually best served by persons who are either a part of or in tune with their worldviews, cultural traditions, customs and/or environments. An example would be how people of different socioeconomic levels deal with something as simple as money: Those in poverty may feel there is never enough. Middle class may focus on savings. Upper class may focus on wealth creation. Although different, each level offers distinct value to the community.