

Promoting Cultural Competence

What is cultural competence?

SAMHSA defines cultural competence as being “respectful and responsive to the health beliefs and practices-and cultural and linguistic needs-of diverse population groups. Developing cultural competence is also an evolving, dynamic process that takes time and occurs along a continuum”.

“Culture” includes race, ethnicity, age, gender, sexual orientation, gender, disability, religion, SES, education, geographical location, and profession.

Strategic Prevention Framework and Cultural Competence

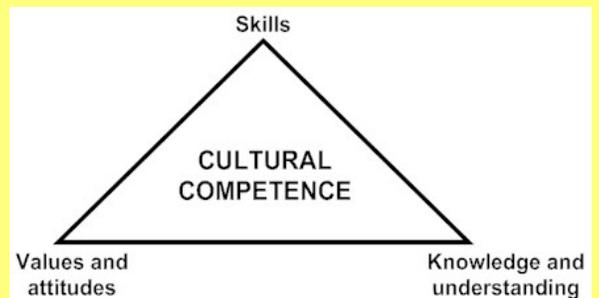


*Cultural competence **must** be present at each stage of the SPF model in order for lasting change to occur*

Why is it important?

- Most models of health and social service provision are based off white, middle-class values and do NOT meet the needs of more diverse racial and ethnic groups
- Failure to meet the needs of culturally diverse groups results in lower quality of care, poor health outcomes, and increased health disparity between groups

Three Components of Cultural Competence



SAMHSA examples at each level:

1. Assess Needs

- Identify change from community perspective
- Gain community approval for data collection methods, analysis, and final product
- Identify target's risk and protective factors

2. Build Capacity

- Assess community resources and readiness
- Ensure range of cultural representation
- Seek community input on problems

3. Plan

- Consider how the program fits into community culture
- Identify existing prevention efforts

4. Implement

- Encourage community involvement implementing the plan

5. Evaluate

- Was program representative of target group?

Cultural competence can be promoted at **organizational**, **individual**, and **programming** levels of coalitions

<u>ORGANIZATIONS</u>	<u>INDIVIDUALS</u>	<u>PROGRAMMING</u>
<ul style="list-style-type: none"> • Mission statements that embrace multiculturalism and diversity • Action plan with accountability to achieve diversity goals • Provide cultural competence trainings for staff • Recruit, mentor, promote, and retain diverse staff • Form collaborative relationships with target community's leaders, organizations, and resources • Support advocacy for target group • Support the provision of translators and translated programming • Continually assess organizational diversity • Invest in building capacity for cultural competency and inclusion • Evaluate the incorporation of cultural competence <p>(Calzada & Suarez-Balcazar, 2014)</p>	<ul style="list-style-type: none"> • Awareness of own background and culture • Awareness of own values, beliefs, attitudes, and stereotypes • Reflection on commonalities and differences between own group and other cultures • Respect and appreciation for diversity of beliefs, values, and traditions • Openness and willingness to acquire information about other cultures • Utilization of cultural immersion, active listening, and asking questions to learn • Acquisition of skills and knowledge about communication styles • Relationship building skills • Participate in advocacy • On-going self-evaluation and self-reflection of capacity for personal cultural competence <p>(Calzada & Suarez-Balcazar, 2014)</p>	<ul style="list-style-type: none"> • Adapt existing programming and interventions to better meet needs of target group <ul style="list-style-type: none"> • Translate materials • Incorporate target's values • Gather community input • Have easily accessible service locations • Utilize surface modifications <ul style="list-style-type: none"> • Match materials to observable characteristics of target group (language, brands, music, people familiar to specific culture) (NBCDI, 2012) • Utilize deep structure modifications <ul style="list-style-type: none"> • Incorporate cultural, social, historical, environmental, and psychological forces that influence health behavior in target group (NBCDI, 2012) • Pilot program to evaluate potential effectiveness <p>(Calzada & Suarez-Balcazar, 2014)</p>

References

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