

# 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

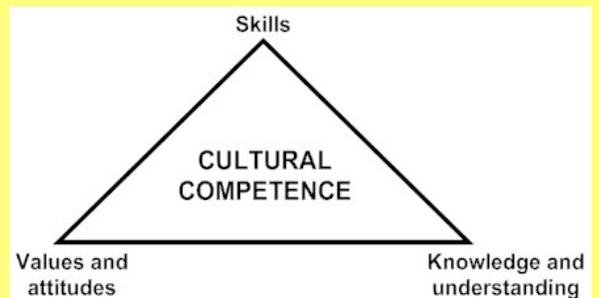


*Cultural competence **must** be present at each stage of the SPF model in order for lasting change to occur*

## 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

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

## References

- Calzada, E., & Suarez-Balcazar, Y. (2014). *Enhancing Cultural Competence in Social Service Agencies: A Promising Approach to Serving Diverse Children and Families*, OPRE Report #2014-31, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services
- Cultural Competence. (2016, November 10). Retrieved August 7, 2017 from <https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence>
- Cultural Competence and the SPF. (2015, September 5). Retrieved August 7, 2017 from <https://www.samhsa.gov/capt/applying-strategic-prevention-framework/cultural-competence/cultural-competence-spf>
- Cultural Competence in Social Care and Health. (2014). Image retrieved from <http://www.kirwinmaclean.com/cultural-competence-in-social-care-and-health/>
- Davis, S. (2017). Providing Culturally Competent and Need Specific Trainings.
- National Black Child Development Institute (NBCDI). (2012). *Cultural competence improvement tool: Decreasing childhood obesity by increasing cultural competence*. Retrieved from [https://www.nbcdi.org/sites/default/files/uploads/NBCDI.CCIT\\_.pdf](https://www.nbcdi.org/sites/default/files/uploads/NBCDI.CCIT_.pdf)