Cultural and Linguistic Competence: A Strategy to address Health Disparities and Achieve Health Equity

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“If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.”

- Nelson Mandela
Learning Objectives

1. Define the social determinants of health that affect health equity and create health disparities;

2. Recognize the importance of Cultural and Linguistic Competence in reducing health disparities;

3. Introduce Implicit Bias

4. Introduce the CLAS standards and provide examples of how they are being applied in rural Georgia.

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THE STRATEGY
What is Health Equity?

“The attainment of the highest level of health for all people.”

What is Health Inequity?

Health Inequities are the Differences in health that are avoidable, unfair, and unjust.

Health inequities are affected by social, economic, and environmental conditions.

Healthy People 2020

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What are Health Disparities?

Differences in **Health Outcomes** and **Health Care Access, Coverage and Quality of Care**

*In particular.....*

**Avoidable differences** in health that result from cumulative social disadvantage.

(Adapted from The Connecticut Multicultural Health Partnership. Faces of Disparity. [http://www.ctmhp.org](http://www.ctmhp.org))
Examples of Health Disparities

Health disparities can be related to sex (male/female), race or ethnicity, income, education, sexual orientation or geography.

Sex (male/female) Conditions more common in...
• Women - rheumatoid arthritis, depression and osteoporosis.
• Men - liver disease and injuries are more common.

Race/Ethnicity
• Hispanics and Blacks have a higher risk for developing alcohol-related liver disease than whites.

Sexual Orientation
• Discrimination against LGBT persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide.
What do you think?

Men or Women: Who is more likely to have a chronic condition?

• Men

• Women
What do you think?

Men or women: Who is more likely to die of diabetes, heart disease or cancer?

• Men

• Women
Race or Ethnicity

Health disparities between different racial or ethnic groups are caused by differences in genetic factors, environments or health behaviors. Minority populations often have higher rates of chronic disease. The chart on the next slide shows how death rates for diabetes, heart disease and cancer can vary widely by racial and ethnic groups.

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... But what causes health disparities?

- Inequities in the social determinants of health?
- Environmental risk factors?
- Institutional factors?
- Provider factors?
- Consumer factors?


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What is Health Literacy?

What is Cultural Literacy?

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Without Health and Cultural Literacy...
What is Culture?

**Culture:** The integrated pattern of human behavior that includes the thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, social, or other group.

*United Nations Education, Scientific, and Cultural Organization, 2010*
How Does Culture Affect an Intervention?

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How Does Culture Affect an Intervention?

One way is by understanding the influence of culture on health services.

There are similarities that minorities and immigrants share when deciding whether or not to access health services. Such as

- How clients communicate
- How clients manifest symptoms
- How clients cope
- The client’s range of family and community support
- And their willingness to seek treatment
Cultural Competence vs. Cultural Awareness

- **Cultural competence:** The ability to effectively operate within different cultural contexts
- **Cultural awareness:** Sensitivity and understanding toward members of other ethnic groups

Source: National Association of School Psychologists

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Five Elements of Cultural Competence

At the Individual Level: acknowledge cultural differences
Five Elements of Cultural Competence

At the Organizational Level

value diversity
Cultural Competence Continuum

Where on the continuum does your agency fit in each of these areas?

- PROFICIENCY
- COMPETENCE
- PRE-COMPETENCE
- DENIAL
- INCAPACITY
- DESTRUCTIVENESS

- Service Delivery
- Staff/Team Development
- Organizational Environment
- Community Relationships

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Barriers to Services

• Individual level

• Provider level and

• System level.
Health Belief Systems

Expressions of Culture in Health Care

• Health Belief Systems
  • Define and categorize health and illness
  • Offer explanatory models for illness
  • Based upon theories of the relationship between cause and the nature of illness and treatments
  • Defines the specific “scope” of practice for healers
LINGUISTIC COMPETENCE

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Language Competency

- Fluency
- Attitude
- Accents
Definitions

**Language** - The words, their pronunciation, and the methods of combining them used and understood by a community.

**Translation**: The conversion of written texts from one language to another.

**Interpreting**: The re-expression of spoken messages in spoken form in a second language.

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What Steps do you need to take to Ensure Language Access?

• Do you know what the language needs of your community are?
• Do you have a communication and language assistance plan?
• How do you know your client’s preferred language?
• Do you train your staff in language services or interpreting?
• How do you let your clients know that there are language assistance services?
What are the top 10 foreign languages spoken in households in The U.S.?

Source: Migration Policy Institute tabulations from the U.S. Census Bureau pooled data from 2009 – 2011 American Community Survey.
Linguistic Diversity in the U.S.
The top foreign languages spoken in households in the U.S are:

<table>
<thead>
<tr>
<th>Language</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>40,489,813</td>
</tr>
<tr>
<td>Chinese (including Mandarin, Cantonese)</td>
<td>3,372,930</td>
</tr>
<tr>
<td>Tagalog (including Filipino)</td>
<td>1,701,960</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>1,509,993</td>
</tr>
<tr>
<td>Arabic</td>
<td>1,231,098</td>
</tr>
<tr>
<td>French (including Cajun)</td>
<td>1,216,668</td>
</tr>
<tr>
<td>Korean</td>
<td>1,088,788</td>
</tr>
<tr>
<td>Russian</td>
<td>909,374</td>
</tr>
<tr>
<td>German</td>
<td>905,691</td>
</tr>
<tr>
<td>Other Indo-European Languages</td>
<td>866,747</td>
</tr>
<tr>
<td>Haitian</td>
<td>856,009</td>
</tr>
<tr>
<td>Hindi</td>
<td>810,877</td>
</tr>
<tr>
<td>Portuguese</td>
<td>767,210</td>
</tr>
<tr>
<td>Italian</td>
<td>576,154</td>
</tr>
<tr>
<td>Other Slavic Languages</td>
<td>575,375</td>
</tr>
<tr>
<td>Polish</td>
<td>539,151</td>
</tr>
<tr>
<td>Amharic, Somali, or Other Afro-Asiatic Languages</td>
<td>521,932</td>
</tr>
<tr>
<td>Yoruba, Twi, Igbo, or Other Languages of Western Africa</td>
<td>515,629</td>
</tr>
<tr>
<td>Yiddish, Pennsylvania Dutch or Other West Germanic Languages</td>
<td>487,675</td>
</tr>
<tr>
<td>Urdu</td>
<td>474,481</td>
</tr>
</tbody>
</table>
Linguistic Diversity in Georgia

What are the top 10 foreign languages spoken in households in Georgia

Source: Migration Policy Institute tabulations from the U.S. Census Bureau pooled data from 2009–2011 American Community Survey.
Linguistic Diversity in Georgia

The top foreign languages spoken in households in Georgia are:

1. Spanish
2. Korean
3. Chinese
4. Vietnamese
5. French
6. German
7. Hindi
8. Arabic
9. Russian
10. Tagalog

Source: Migration Policy Institute tabulations from the U.S. Census Bureau pooled data from 2009–2011 American Community Survey.

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Georgia’s Foreign Born by Region of Birth

- Africa: 10.10%
- Asia: 28.60%
- Europe: 8.90%
- Latin America: 50.10%
- North America: 2%
- Oceania: 0.40%
Georgia’s English Proficiency
Foreign Born and U.S. Born

<table>
<thead>
<tr>
<th>Category</th>
<th>Foreign Born</th>
<th>U.S. Born</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speak only English</td>
<td>19.70%</td>
<td>93.90%</td>
</tr>
<tr>
<td>Speak English &quot;very well&quot;</td>
<td>34.90%</td>
<td>5.00%</td>
</tr>
<tr>
<td>Speak English less than &quot;very well&quot;</td>
<td>45.40%</td>
<td>1.10%</td>
</tr>
</tbody>
</table>

http://www.migrationpolicy.org/data/state-profiles/state/demographics/GA

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What Can We Do To Overcome These Barriers?

• Develop cultural and linguistic competence in service delivery

• Establish culturally competent standards of care.
  • E.g. CMHS standards, CLAS standards

• Promote health including mental health education and awareness in immigrant communities
Solutions

• Policy

• Facility-institutional

• Provider
Why CLAS?
Why CLAS?

• Social Benefits
• Health Benefits
• Business Benefits
• Legal Benefits
This map tracks efforts to promote or implement culturally and linguistically appropriate services (CLAS).

Currently under review

- No activities
- Legislative activity for CLAS training
- State-sponsored implementation activities
- CLAS training legislation (activity or enacted) AND state-sponsored implementation activities

Source: Department of Health and Human Services, Office of Minority Health – For an interactive map experience visit: https://www.thinkculturalhealth.hhs.gov/clas/clas-tracking-map

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Georgia’s Legislative Activity for CLAS Training

- 2012 #HR 758 (Failed)
- 2010 #HB 844 (House Second Readers) - Failed
- 2008 #HB 943 (Referred to House Second Readers)
- 2006 #HB 1401 (Referred to House Second Readers)
Introduction to the CLAS Standards
What are the National CLAS Standards?

• The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

• First published by the HHS Office of Minority Health in 2000

• Provided a framework for organizations to best serve the nation’s diverse communities

• Underwent an Enhancement Initiative from 2010 to 2013

• Launched the enhanced CLAS Standards in April 2013
What’s New in the National CLAS Standards?

Statement of Intent

The National CLAS Standards 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 implement and provide culturally and linguistically appropriate services.

Source: https://www.thinkculturalhealth.hhs.gov/Content/clas.asp

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Principal Standard:

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.
Theme 1
Governance, Leadership and Workforce
Standards 2, 3 and 4

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Theme 2
Communication & Language Assistance
Standard 5, 6, 7 and 8

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Theme 3
Engagement, Continuous Improvement and Accountability
Standards 9 - 15

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Culturally and Linguistic Competent Agencies
Culturally and Linguistic Competent Agencies

- View minority groups as distinct and as having numerous subgroups.
- Hire unbiased employees.
- Consult with minority community members.
- Actively decide what they are capable of proving to minority clients.
- Seek out minority staff who are able to negotiate a bicultural world.
- Provide support for staff working in cross-cultural situations.
- Understand the interplay between policy and practice.
- Support policies that enhance services to diverse clients.

And to become proficient, these agencies would
- Add to knowledge base of culturally competent practice through conducting research, developing new therapeutic approaches based on culture and publishing and disseminating results.
- Hire staff who are specialists in culturally competent practice.
- Advocate for cultural competence throughout the system and society.
I invite you to go to these links and take these free online tests on bias and prejudice. I promise you it will be of tremendous value to you as you continue to develop your cultural and linguistic competences.

http://www.understandingprejudice.org/iat/

https://implicit.harvard.edu/implicit/
¡Mental! in the Trump Era

Ten Inspirational Stories About Immigrants Overcoming Addiction, Depression and Anxiety in America

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Foreword by Sergio Aguilär-Gaxiola, MD, PhD

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Thank You

Mahalo

Kiitos

Toda

Thanks

Merci

Obrigado

Takk

Grazie

Gracias

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