CULTURAL COMPETENCE A Cross-cutting Principle (*SPF)

Cultural competence is not another "Step" of the Five-Step SPF (Strategic Prevention Framework). Rather, it is considered a cross-cutting principle and is a way of effectively operating across all steps of the SPF process.

Cultural competence is a critical component in reducing behavioral health disparities among marginalized and vulnerable populations. Whether they are manifested in reduced access to prevention services among people living in rural areas, in higher rates

of suicide among LGBTQ youth, or in higher rates of stress related disorders among Black or Brown, disparities threaten the health and wellness of these populations and our communities as a whole. To overcome systemic barriers that contribute to the disparities, preventionists must address the cultural aspects of the populations of focus. It is important that they recognize and value cultural differences—in areas such as health beliefs, health practices, and linguistic needs.



Elements of Culture

- A common heritage and history that is passed from one generation to the next.
- Shared values, beliefs, customs, behaviors, traditions, institutions, arts, folklore, and lifestyle.
- Similar relationship and socialization patterns.
- A common pattern or style of communication or language.
- Geographic location of residence (e.g., country, community, urban, suburban, or rural location).
- Patterns of diet and dress.

(Improving Cultural Competence/ SAMHSA, Treatment Improvement Protocol Series 59, p. 10.) ²

QUESTION #1: What is Cultural Competence?

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross cultural situations.

'Culture' refers to integrated patterns of human behavior that exist in racial, ethnic, religious, or other social groups. These integrated patterns typically include the language, thoughts, communications, actions, customs, beliefs, and values.

'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

(Cultural Competence in Health and Human Services/NPIN)¹



QUESTION #2: What does Cultural Competence Require?

Cultural competence requires that organizations...

- Have a defined set of values and principles and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage
 the dynamics of difference, (4) acquire and institutionalize cultural knowledge and
 (5) adapt to diversity and the cultural contexts of the communities they serve.
- Incorporate the above in all aspects of policy making, administration, practice, service delivery, and systematically involve consumers, key stakeholders, and communities.

(Cultural Competence in Health and Human Services/NPIN)¹

Principles of cultural competence include...

- 1. Define culture broadly.
- 2. Value clients' cultural beliefs.
- Recognize complexity in language interpretation.
- 4. Facilitate learning between providers and communities.
- Involve the community in defining and addressing service needs.
- 6. Collaborate with other agencies.
- Professionalize staff hiring and training.
- 8. Institutionalize cultural competence.

(Cultural Competence in Health and Human Services/NPIN)¹



- Identify and address disparities in healthcare access and quality for diverse populations.
- Include the population of focus in all aspects of prevention planning, starting with the needs assessment and extending through the evaluation.
- Stress the importance of relevant, culturally appropriate prevention approaches.
- Adapt services, including evidence-based interprofessional team approaches, to the language, cultural norms, and individual preferences of communities you are trying to reach.
- Foster and value diversity in terms of the composition of the interprofessional team members in all roles.
- Promote cultural competence among program staff, reflecting the communities they serve.

(A Guide to SAMHSA's Strategic Prevention Framework Acknowledgments/SAMHSA, p.26.)3



- The Continuum of Cultural Competence -

STAGE 1 CULTURAL DESTRUCTIVENESS

Organizations and staff...

- Negate the relevance of culture in the implementation of prevention strategies.
- Expect members of the community of focus to fit in to the existing programs, engage in existing curricula, and readily participate in activities of the predominant culture.
- Attitude that the mainstream culture is superior to the approaches of other cultures.

STAGE 2 CULTURAL BLINDNESS

Organizations and staff...

- Assume that all cultural groups are alike.
- Assume that if a program has an Evidence-Based Practice label, that it will work for all individuals, regardless of ethnicity, race, religion, sexual orientation, national origin or socioeconomic class.
- Maintain policies and practices that may discriminate against certain groups in terms of their accessibility and effectiveness.

STAGE 3 CULTURAL COMPETENCE & PROFICIENCY

Organizations and staff...

- Are aware of the importance of integrating services that are congruent with diverse populations.
- Conduct a self-assessment and develop a cultural competence plan.
- Demonstrate an ongoing commitment to workforce development, training, and evaluation.
- Develop culturally specific and congruent services.
- Engage in continual performance evaluation and improvement.

(Improving Cultural Competence/SAMHSA, Treatment Improvement Protocol Series 59, p. 10.) ²



QUESTION #4: How can your Coalition Get Closer to Proficiency?

This final question should be explored by staff and partners of the coalition, involving people from the various cultural backgrounds the coalition intends to serve/impact.

References:

- Centers for Disease Control and Prevention, National Prevention Information Network (NPIN). Cultural Competence in Health and Human Services. Centers for Disease Control and Prevention, National Prevention Information Network, 2020. https://npin.cdc.gov/pages/cultural-competence
- 2 Substance Abuse and Mental Health Services Administration. Improving Cultural Competence. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf
- 3 Substance Abuse and Mental Health Services Administration. A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse and Mental Health Services Administration, 2019. https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

Other Resources related to Cultural Competence:

Georgetown University's National Center for Cultural Competence - https://nccc.georgetown.edu/

National Standards for Culturally and Linguistically Appropriate Services in Health Care from the Health and Human Services Department's(link is external) Office of Minority Health – https://thinkculturalhealth.hhs.gov/education

U.S. Department of Health and Human Services, Office of Minority Health. National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. National CLAS Standards. Think Cultural Health, Office of Minority Health, 2011. www.ThinkCulturalHealth.hhs.gov

Cultural and Linguistic Competency from the Office of Minority Health – $\frac{https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6}{browse.aspx?lvl=1&lvlid=6}$

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare. — $\frac{\text{https://thinkculturalhealth.hhs.gov/clas#:} \tilde{}:}{\text{text=The}\%20National}\%20\text{CLAS}\%20\text{Standards}\%20\text{are,culturally}\%20 \\ \text{and}\%20\text{linguistically}\%20\text{appropriate}\%20\text{services}$

