

Cultural Competence in Health and Human Services A Trainer's Guide

**How to Give a One-Day Workshop in
Cultural Competence
That's Fun, Simple and *Effective***

Marjory A. Bancroft, MA

Cross-Cultural Communications, LLC



|

© 2013, 2014 Marjory A. Bancroft

Culture & Language Press

A division of

Cross-Cultural Communications, LLC

All rights reserved.

This work, and any parts thereof, may not be reproduced in any form or by any electronic or mechanical means without written permission from the publisher.

Handouts in Appendix 2 may be printed and used without permission.

If you obtain a license from Cross-Cultural Communications to present the one-day workshop outlined in this trainer's guide, you will receive electronic copies of the slides and handouts in the appendices at no charge.

For further information, contact the publisher.

Cross-Cultural Communications, LLC
10015 Old Columbia Road, Suite B-215
Columbia, MD 21046
410-312-5599

www.cultureandlanguage.net
ccc@cultureandlanguage.net

Contents

Acknowledgments.....	iv
About the Author	v
Goal and Objectives	vi
Introduction.....	1
Chapter 1: Cultural Competence Training	5
A Historical Overview	6
The Need for Cultural Competence Training	17
Cultural Competence Training.....	19
Recommended Standards and Guidelines for Cultural Competence Training	22
The Impact of Cultural Competence Training	25
Training Concerns.....	27
A Code of Ethics for Cultural Competence Trainers.....	29
Chapter 2: How to Present This Workshop	33
Setting Up Your Training	34
Logistics.....	37
General Concerns.....	39
Chapter 3: Lesson Plans.....	43
How to Use These Lesson Plans	44
Goal and Objectives	47
Sample Agenda	48
Module 1: Overview	49
Module 1: Lesson Plan Overview.....	50
Module 1: Lesson Plans	51
Module 2: Overview	103
Module 2: Lesson Plan Overview.....	104
Module 2: Lesson Plans	105
Appendices.....	145
Appendix 1: The Trainer’s Slide Kit	145
Appendix 2: Sample Handouts	169
Appendix 3: Suggested DVDs and Film Resources	187

Acknowledgments

This work and the author owe a deep and enduring debt to Robert C. Like, MD, MS. An international specialist in cultural competence in healthcare, Dr. Like has brought inestimable gifts to the field. His joint work with the author in 2005 and 2006 on another trainer's guide was an inspiring and exhilarating experience. He is an international luminary in the area of cultural competence in health care.

This book owes debts to many others. They include Julia Puebla Fortier, Katharine Allen, Kinza Schuyler, Pam Brown, Pat Hatch, Olivia Carter-Pokras, Diana Ramos-Reardon, Susan London Russell, Barbara Rayes, Emily Frelick, staff members and consultants at the Office for Victims of Crime Technical Training and Assistance Center, Captain Apryl Cymbal, Gayle Goldin and many others.

This manual would not be possible without the resources and publications of countless organizations. My thanks to individuals and these institutions include Mara Youdelman and Doreena Wong of the National Health Law Program, Ignatius Bau and the California Endowment, Izabel Arocha of the International Medical Interpreters Association, Paul Cushing of the Region III U.S. Department of Health and Human Services Office for Civil Rights, Amy Wilson-Stronks and the Joint Commission, and Guadalupe Pacheco of the Office of Minority Health. To the National Council on Interpreting in Health Care and countless individuals there, I owe too many debts to list.

In particular I thank Nataly Kelly, whose belief in this one-day program made extraordinary things happen.

To one and all, my thanks.

—Marjory A. Bancroft

About the Author

Marjory Bancroft is an international leader in the development of training programs for community interpreting and cultural competence. She has lived in eight countries, speaks five languages and holds a BA in French linguistics and an MA in general linguistics from Université Laval in Quebec. She has also earned advanced language certificates from universities in Spain, Germany and Jordan. After teaching for universities in Quebec and Jordan, immigrant schools in Montreal and the Embassy of Canada in Washington, DC, she spent several years interpreting, translating, providing cultural competence training and directing a language bank of 200 interpreters and translators.

Since 2001 she has directed Cross-Cultural Communications, LLC, a national training agency devoted to training, technical assistance and consulting for cultural competence and community interpreting. She has developed five train-the-trainer programs in cultural competence for federal and state government agencies and a national language company in addition to developing and delivering several interpreter train-the-trainer curricula, including a program for Kaiser Permanente, a national health care organization. Her agency has licensed more than 100 trainers in 26 U.S. states and five other countries.

Marjory also serves as Executive Director of The Voice of Love, a national, all-volunteer 501(c)(3) nonprofit organization that supports interpreting for survivors of torture, war trauma, and sexual violence.

The author of numerous publications, and a past board member of the National Council on Interpreting in Health Care, she speaks widely at conferences across the United States and in other countries. Marjory sits on international committees and serves as world Project Leader for a standard about general interpreting requirements in development by the International Organization for Standardization (ISO).

Goal and Objectives

**Cultural Competence in
Health and Human Services**

A One-Day Workshop

Goal

Reduce disparities in access to public and community services through the provision of culturally and linguistically appropriate services.

Module 1: Language and Communication (3.5 hours)

Learning Objectives

- After completing this module, the participant will be able to:
 - Discuss legal requirements and national standards for language access.
 - Identify best practices to enhance language access.
 - Demonstrate effective skills for working with interpreters.

Module 2: Connecting Across Cultures (3.5 hours)

Learning Objectives

- After completing this module, the participant will be able to:
 - Discuss the need for culturally responsive services.
 - Identify strategies for communicating across cultures.
 - Develop a cultural competence plan.

Goal and Objectives Training of Trainers (TOT)

Cultural Competence in Health and Human Services

A One-Day Workshop

Goal

Reduce disparities in access to public and community services by increasing the number of training opportunities for organizations and service providers in health and human services who seek to provide culturally and linguistically responsive services.

Aim of the Program

After completing this four-day Training of Trainers, participants will be prepared to facilitate a one-day session of the program “Cultural Competence in Health and Human Services.”

TOT Learning Objectives

1. Discuss the rationale for culturally responsive services.
(WHY to provide cultural competence training)
2. Identify the key content and activities to present in a one-day workshop.
(WHAT to address in cultural competence training)
3. Explore and practice effective techniques for cultural competence training.
(HOW to deliver this workshop)

Introduction

Every encounter is a cross-cultural encounter.

—Robert C. Like, MD

Welcome to an extraordinary field

This manual supports trainers to offer a one-day introductory workshop in cultural competence. While the principles that support the program come primarily from the field of healthcare, the workshop can be presented to audiences in healthcare, education, human services or participants from all these fields. It can also be adapted by trainers with appropriate qualifications to present to audiences that include staff in victim services, legal services and law enforcement.

The intent of the one-day workshop addressed in this trainer's guide is to support equal access to community services, including healthcare, and to reduce disparities in individual and community health and well-being.

On a practical level, the program can help both individuals and organizations to make simple but important changes in the way they provide services. The impact on participants is visible. It brings gratification to a trainer to see the results and to realize that you are making a difference in the world.

Cultural competence is an extraordinary field. We are fortunate to work in it.

Audience for this program

The one-day program supported by this trainer's guide can be delivered to audiences that include any of the following, among others:

- Health and allied health professionals, including doctors and nurses
- Mental health providers
- Social workers
- Front-line, clerical, human resources and support staff
- Teachers, principals, reading specialists and other school staff
- Staff in other educational programs, from preschool to community and four-year colleges and universities
- Bilingual employees and interpreters
- Speech and occupational therapists
- Victim services and child advocacy staff
- Case managers
- Government social services employees, such as income support specialists, caseworkers, and child protective services investigators
- Nonprofit staff in human and social services
- Community action agency staff

- Law enforcement and the judiciary (with the caveat that the trainer would need a prior background of working in and/or training staff in these areas of service)

Foundation for the program

This training program was developed in the United States for U.S. audiences, although it can be adapted for presentation in other countries. It builds on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) developed by the Office of Minority Health of the U.S. Department of Health and Human Services.¹

This program also builds on federal legislation and policy initiatives, cultural competence indicators issued by the Health Resources and Services Administration (HRSA),² laws, policies and standards for cultural competence training and best practices in the field, all of which are discussed in this trainer's guide.

The one-day workshop addressed in this guide supports a widely accepted premise: the idea that cultural competence is a **journey**, not a destination. Cultural competence usually begins with the decision by an individual or organization to enhance the provision of culturally and linguistically competent services.

Seen from this perspective, cultural competence is a process. It can never be an end point. For this reason, many trainers and researchers in the field reject the term “cultural competence” and prefer to speak of culturally responsive services and the need for cultural humility.³

A starting point

As trainers, we need a practical starting point to provide effective training and education in cultural competence. This manual seeks to provide that starting point. It will help you guide the participants of your workshop to help them improve the quality of their services.

Most of all, this manual will help your participants to remove a heavy burden from their shoulders: the common belief that providers must learn cultural facts about “Hispanics” or “Africans” or “Muslims” in order to improve their services. The case presented here is just the opposite: in this workshop, your participants will learn that simple, basic and universal communication strategies are effective for providing services to *all* clients of public and community services, including patients in healthcare. These strategies work just as well for native-born residents as they do for immigrants, low-income clients, people with disabilities and any culturally diverse patients or clients.

¹ Available at <https://www.thinkculturalhealth.hhs.gov/content/clas.asp>.

² “Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile.” Available at <http://www.hrsa.gov/culturalcompetence/healthdlvr.pdf>.

³ See, for example, Tervalon and Murray-García. (1998).

Basic communication skills are strikingly simple. Teaching them is a pleasure. Removing this burden of becoming cultural “experts” from your participants often lightens their hearts and makes them more receptive to the concept of a “cultural competence journey.”

Culture is fascinating. This field is rich, deep and meaningful. We hope you make the “cultural competence journey” enjoyable for your participants.

How to use this manual

This manual is composed of three chapters and three appendices.

Chapter 1 looks at the field of culturally and linguistically responsive services and offers an overview of cultural competence training.

Chapter 2 addresses some of the logistics involved in giving a one-day cultural competence workshop.

Chapter 3 contains the lessons plans that explain how to present Modules 1 and 2 of the workshop.

The appendices include:

Appendix 1: A sample trainer’s slide kit.

Appendix 2: Sample handouts.

Appendix 3: Ordering information for DVDs and film resources.

What a one-day cultural competence workshop can accomplish

This trainer’s guide and the training-of-trainers program it supports will help you to provide a one-day cultural competence workshop that will:

- Increase your participants’ knowledge about culturally and linguistically competent services.
- Enhance your participants’ skills in providing culturally and linguistically competence services.
- Shift your participants’ conscious and unconscious attitudes and biases regarding underserved, marginalized and culturally diverse residents.
- Deepen and broaden the participants’ understanding of their own attitudes (through self-examination) and the viewpoints of culturally diverse recipients of the services that they provide.

At every stage of this workshop, the curriculum in this manual offers you practical steps that your participants can take to support equal access to quality healthcare and human services.

No “recipe training”

This program includes no lists of social, emotional or cultural characteristics of specific ethnic groups. It does not include tips of “do’s and don’ts” about how to serve those groups. In fact, *established cultural competence education standards, research and best practices in the field strongly advise against offering your participants descriptions about cultural minorities.* (See Chapter 1 for a discussion of this important point.) Instead, your participants will find that the basic communicative strategies presented in the one-day workshop can benefit *all* recipients of health and human services.

Effective cultural competence training and education supports the organizations and providers who seek to serve each patient or client of their care and services as a unique individual.

A last word

Please share your experience with us and with one another. Help us to support organizations in healthcare, education and human service fields in their quests to support equal access to their programs and services.

Thank you for your commitment to this exciting field.

—Marjory A. Bancroft, MA

Appendix 1

The Trainer's Slide Kit



Cultural Competence in Healthcare and Human Services

Part I: Language and Communication




Marjory Bancroft, MA, Director
 Cross-Cultural Communications, LLC
 Columbia, Maryland




Icebreaker: Jabberwocky

- Divide into pairs. Partner #1 is a patient; Partner #2 is a healthcare provider.
- #1 speaks **no English** but has a serious health problem. He or she comes from a mysterious land where everyone speaks only one word: *Jabberwocky*.
- Partner #2: Try to guess the nature of your partner's health condition!




Schedule

Language and Communication	Connecting Across Cultures
Part 1: 8:30 a.m. – 12:00 p.m.	Part 2: 1:00 – 4:30 p.m.
<ul style="list-style-type: none"> ■ An overview of language access and interpreters. ■ Focus: foreign-born, Deaf and indigenous populations. 	<ul style="list-style-type: none"> ■ Strategies and tools to address cultural differences. ■ Focus: <i>all</i> patients.



Learning Objectives

- 1 Discuss legal requirements and national standards for language access.
- 2 Identify best practices to enhance language access.
- 3 Demonstrate effective skills for working with interpreters.



Objective 1

- 1 Discuss legal requirements and national standards for language access.
- 2 Identify best practices to enhance language access.
- 3 Demonstrate effective skills for working with interpreters.



Interpreter vs. Translator



Interpreter

Someone who converts an ORAL or SIGNED message from one language to another.



Translator

Someone who converts a written text into another language, in WRITING.



Limited English Proficiency (LEP)

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be Limited English Proficient, or "LEP," entitled to language assistance with respect to particular type of service, benefit, or encounter.

—U.S. Department of Justice



Pop Quiz!



1. How many languages are spoken in the United States?
2. What percentage of U.S. residents speak another language at home?
3. What are the top 10 languages?
4. What percentage of U.S. children are Deaf or hard of hearing?
5. Does national certification exist for medical interpreters? Community interpreters? Sign language interpreters?



Why Does Language Matter?

Addressing language barriers helps you to:

- Respond to demographic changes.
- Reduce health and healthcare disparities.
- Improve quality of services and outcomes.
- Meet legislative, regulatory and accreditation requirements.
- Gain a competitive edge in the marketplace.
- Decrease risk of liability/malpractice suits.



—Adapted from Georgetown National Center for Cultural Competence
http://gccc1.georgetown.edu/nccc/documents/Policy_Brief_2_2003.pdf



Language Facts

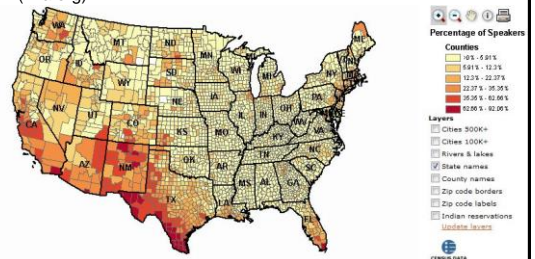


- In the United States, 51% of U.S. immigrants older than four are Limited English Proficient.
 —U.S. Census Bureau, 2011
- California has the highest percentage of those who speak a language other than English at home: 44%.
 —U.S. Census Bureau, 2013

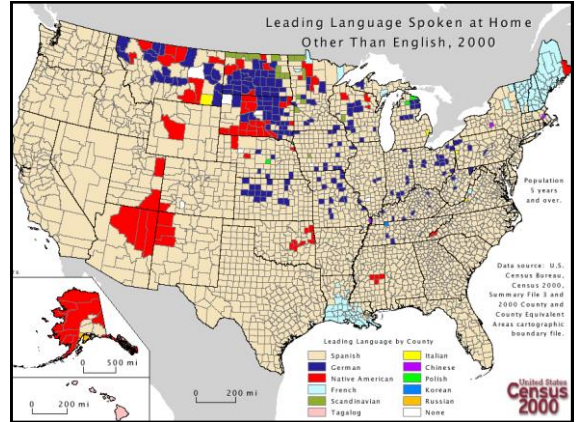
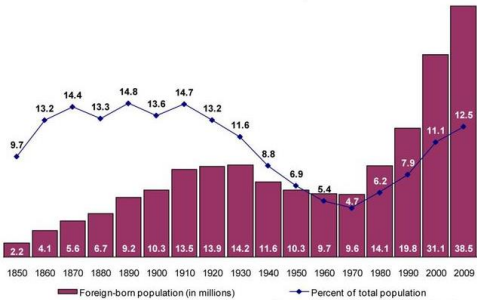


381 Languages in the United States

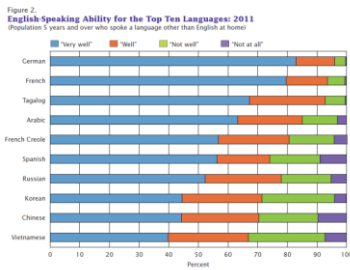
- Check out the map of the Modern Language Association (mla.org).



Number and Percent Foreign Born in the US Population



Limited English Proficiency



See also: the U.S. Census Bureau Language Mapper at http://www.census.gov/hhes/education/language/data/language_mapper.html

Language and California 2011-2012 (U.S. Census Bureau)

- 56.8% of Californians speak only English at home.
- 43.2% speak another language at home.
- 27.2% are foreign born
- Spanish speakers: 28.6%
- Asian languages: 9.5%
- Other languages: 5.2%
- Limited English speakers: 19.7%



Language and Minnesota 2011 (U.S. Census Bureau)

- 89.5% of Minnesotans speak only English at home
- 10.5% speak another language at home
- 7.1% are foreign born
- Spanish speakers: 3.8%
- Asian languages: 2.9%
- Other languages: 3.7%
- Limited English speakers: 4.3%



Language and Minneapolis 2011 (U.S. Census Bureau)

- 81.2% of Minneapolis residents speak only English at home
- 19.8% speak another language at home
- 14.9% are foreign born
- Spanish speakers: 8.1%
- Asian languages: 3.9%
- Other languages: 5.6%
- Limited English speakers: 9.7%

