

Definitions Related to Cultural & Linguistic Competence

Behavioral Health: for the purposes of this charter, the term behavioral health includes services and persons having mental retardation, substance abuse, mental health, and co-occurring disorders.

Cross-Cultural: Processes, communication, etc., which involves two or more cultural groups; often implies the bridging of a gap between the groups.

Cultural Awareness: Developing sensitivity and understanding of diverse groups involving internal changes in terms of attitudes and values (Adams, 1995).

Cultural Blindness – Those who profess that culture, race, and/or language make no difference. Individuals and organizations at this point on the continuum actively seek to be nonbiased but in so doing may fail to adequately address the needs of the clients that they serve and implicitly or explicitly encourage assimilation (Cross, et al. 1989).

Cultural Competency: The acceptance and respect for difference, continuing self assessment about one's own or another culture, attention to the dynamics of difference, ongoing development of cultural knowledge and resources and flexibility to work towards better meeting the needs of diverse populations (Cross et al., 1989)

Cultural Competence in Behavioral Health: A set of compatible behaviors, attitudes, and policies that work together in a system, agency, or among professionals that makes possible effective work in cross-cultural situations (Cross, et al. 1989; Isaacs and Benjamin, 1991). Is 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 (Cross, et al. 1989).

Cultural Competency in Behavioral health: The acceptance and respect for difference, continuing self assessment regarding one's own or another culture, attention to the dynamics of difference, ongoing development of cultural knowledge and resources and flexibility within service models to work towards better meeting the needs of diverse populations (Cross, Brazron, Dennis, & Isaacs. 1998

Cultural Destructiveness – Those operating destructively hold beliefs or engage in behaviors that reinforce the superiority of one race or culture over another with the resultant oppression of the group viewed as inferior (Cross, et al. 1989).

Culturally and Linguistically Appropriate Services: The ability of behavioral health care providers to understand and respond to the cultural and linguistic needs brought by patients to the health care encounter.

Cultural Diversity: The differences between people based on a shared ideology and valued set of beliefs, norms, customs, and meanings evidenced in a way of life (American Nurses Association, 1986).

Cultural Incapacity – Those operating at the point of cultural incapacity are less actively destructive but behave paternalistically, lack the skills to be effective with individuals from diverse groups, and often reinforce biased policies (Cross, et al. 1989).

Cultural Knowledge: Familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of another ethnic group (Adams, 1995).

Culturally and Linguistically Appropriate Services: The ability of behavioral health care providers to understand and respond to the cultural and linguistic needs brought by patients to the health care encounter.

Culturally and Linguistically Competent Care: Care that is given with the understanding of and respect for consumer's health-related beliefs and cultural values; and

- Staff that respect health related beliefs, interpersonal styles, and attitudes and behaviors of the consumers, patients, families, and communities they serve; and
- Leadership from administrative, management, and clinical operations that supports individualized assessments; and processes that result in a leadership and clinical workforce who are culturally and linguistically competent.

Culturally Competent Organizations: Are organizations that:

- 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 involve systematically consumers, key stakeholders and communities.

Cultural Precompetence: Although the need for culturally competent policies, procedures, and people is recognized, it may not extend beyond tokenism or a search for ways to respond (Cross, et al. 1989).

Cultural Proficiency: Individuals and organizations seek to refine their approach and practice by learning more about diverse groups through research, dissemination, and a fully integrated workforce (Cross, et al. 1989).

Cultural Sensitivity: Knowing cultural differences and similarities exist, without assigning them values, i.e., better or worse, right or wrong, to those cultural differences (National Maternal and Child Health Center on Cultural Competency 1997).

Cultural Skill: A skill-set to access an individual's background and formulate a treatment plan that is culturally relevant (Campinha-Bacote, 1994).

Culture: The thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups (OMH, 2001; NIMH, 2001).

Ethnicity: Races or large groups of people classed according to common traits, customs, language and social views.

Ethnic Group: A group of people bound together by common traits which include either or both: shared history and understandings and similar physical characteristics.

Family & Consumers:

- Family is defined differently by different cultures.
- Family as defined by each culture is usually the primary system of support and preferred intervention.
- Family/consumers are the ultimate decision makers for services and supports for their children and/or themselves.

Family of Choice: Persons forming an individual's social support network and often fulfilling the obligations of blood relatives. Many lesbian, gay, bisexual and transgender people are rejected when their families learn of their sexual orientation, or remain closeted to their biological relatives (family of origin). In such cases, it is their partner or significant other and close friends who will be called on in times of illness and personal crisis.

Health Disparities: Refer to gaps in the quality of health and health care across racial, ethnic, and socioeconomic groups. The Health Resources and Services Administration defines health disparities as "population-specific differences in the presence of disease, health outcomes, or access to health care." (U.S. Dept. of Health & Human Services)

Limited-English Proficiency: Individuals who do not speak English as their native language and who have a limited ability to read, speak, or understand English.

Linguistic Competence: The capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those with low literacy skills or who are not literate, and those with disabilities (Cross et al., 1989)

Multicultural: Refers to a state of racial, cultural and ethnic diversity within the demographics of a specified place, usually at the scale of an organization such as a school, business, neighborhood, city or nation. Some countries have official, or de jure policies of multiculturalism aimed at recognizing, celebrating and maintaining the different cultures or cultural identities within that society to promote social cohesion. In this context, multiculturalism advocates a society that extends equitable status to distinct cultural and religious groups, with no one culture predominating.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care: CLAS standards are guidelines established by the U.S. Health and Human Services Department, Office of Minority Health (OMH). These 14 standards apply to all health care organizations receiving federal funds.

The 14 standards are organized by themes:

- Culturally Competent Care (*standards 1-3*);
- Language Access Services, implementation is **mandatory** (*standards 4-7*); and
- Organizational Supports for Cultural Competence (*standards 8-14*).

Within this framework, there are three types of standards - **mandates**, **guidelines**, and **recommendations**, as follows:

- 1) CLAS **mandates** are current federal requirements for all recipients of federal funds.
- 2) CLAS **guidelines** are activities recommended by OMH for adoption as mandates by federal, state, and national accrediting agencies.
- 3) CLAS **recommendations** are suggested by OMH for voluntary adoption by health care organizations.

Race: A socially constructed phenomenon based on the erroneous assumption that physical differences such as skin color, hair color, and texture, and facial features are related to intellectual, moral or cultural superiority. The concept of race has no basis in biological reality and as such has no meaning independent of its social definitions. Race may also be defined as: Classification of humans based on genetic characteristics. 2. Classification of people based on common nationality, history, or experiences (University of Maryland).

Refugee: A person who, because of fear of being persecuted for reasons of race, religion, nationality, or political opinion, is residing outside the country of his or her nationality and is unable or unwilling to avail himself or herself of the protection of that country; also, a person who, not having a nationality and being outside the country of his or her former habitual residence, is unable or unwilling to return to that country.

Sexual Orientation: Sexual orientation is the self-perception of the direction of sexual desire. It describes sexual preference and emotional attraction. Some people experience their sexual orientation as an unchanging essential part of their nature, and others experience it in more fluid way. Sexual orientation can be directed towards members the same sex (homosexual) or the opposite sex (heterosexual), both sexes

(bisexual) and neither (non-sexual). Sexual orientation is not merely “same-sex” attraction, but is experienced through the person’s gender identity (regardless of their biology).