

Cultural Competence Webinar – Additional Questions from Attendees

Q: How do you measure cultural competence in a staff annual performance? What are the specific measures? Is there a good cultural competency tool to measure an individual and a tool to measure an organization?

Diana: Great resources are on the website of the National Center for Cultural Competence (NCCC), including organizational self-assessments for disability organizations and for family organizations and for individuals. NCCC also has individual self-assessments on-line. Their self-assessments section can be found at <https://nccc.georgetown.edu/assessments/>. One of the links there is to the Maternal and Child Health Competencies Self-Assessment (<https://www.mchnavigator.org/assessment/>); Cultural Competence is Competency 7 (<https://mchb.hrsa.gov/training/leadership-07.asp>)

Tawara: Measures for cultural competence for staff should be tailored to their specific positions rather than a generic “cultural competence” measure. For example, if a staff interacts frequently with the public, skill sets in cross-cultural communication would be essential. Revisit position descriptions and ask the question, how does cultural competence apply to the roles and responsibilities? Moreover, there are a number of cultural competence assessment instruments that are developed for specific disciplines (e.g., nurses, physicians, mental health providers, teachers).

Q: When considering cultural competence, is the LGBTQ community also considered when serving unserved/underserved communities?

Christie: From my experience working with the LGBTQ+ community as well as being part of it myself, it is important to look at cultural competence as it relates to the intersectionalities, unserved and underserved that exist within.

Diana: We do consider the LGBTQ community as an underserved community. We partner with Garden State Equality on a variety of issues including around bullying and harassment and support for transgender students as well as discrimination against LGBTQ parents. We have a training resource for our staff on these issues. However, we do not proactively ask parents or youth if they are LGBTQ.

Tawara: Cultural competence is responsive to all cultural groups including individuals who self-identify as LGBTQI.

Q: What do you do if the culture causes harm to the client? if culture puts client at risk, is client education and empowerment the first thing to try?

Diana: We do try education and empowerment when there are cultural practices that are not acceptable in the US and that place the family at risk, for example, corporal punishment. However, unless there is real danger of harm, we do our best not to make judgments but rather, inform the

family about the expectations in the US and the potential implications of certain behaviors, such as not sending their children to school.

Q: What about when a person's culture causes harm to a staff/organization, such as a person saying, I don't want any white/black/Hispanic/men/women working with me?

Diana: Parents who want our help cannot refuse assistance from a staff member because of the staff member's race, ethnicity, culture, LGBTQ status, etc. If there are strong reasons to try to match a staff person or volunteer's cultural background to a family's cultural background, we do our best to accommodate that.

Tawara: The example cited is not about a person's culture, rather it demonstrates prejudice. Prejudice is defined by the American Psychological Association as follows:

A negative attitude toward another person or group formed in advance of any experience with that person or group. Prejudices include an affective component (emotions that range from mild nervousness to hatred), a cognitive component (assumptions and beliefs about groups, including [stereotypes](#)), and a behavioral component (negative behaviors, including [discrimination](#) and violence). They tend to be resistant to change because they distort the prejudiced individual's perception of information pertaining to the group. Prejudice based on racial grouping is [racism](#); prejudice based on sex is [sexism](#); prejudice based on chronological age is [ageism](#); and prejudice based on disability is [ableism](#). (<https://dictionary.apa.org/prejudice>).

Q: Can you expand on the importance of seeking to discover and understand a person's worldview? It seems to be at the center of a person and therefore at the center of person-centered care.

Christie: It is important to seek to discover a person's worldview because everyone has many layers that make them who they are. If you are not mindful of that you may not see them for all they are; and therefore not be able to help them as effectively.

Q: What is your practice in finding "cultural informants" (members of the cultural group who teach others) who can speak into your organization so that you better understand their culturally directed values, beliefs and priorities?

Christie: At the Milwaukee LGBT Center we have an Older Adult Advisory Committee. This committee is made up of Center participants and or community members 50+. During the meetings individuals share their ideas for future programming, and advocacy interests. This group guides the work we do and allows us to continue to do our due diligence and listening to the needs and concerns of the community.

Diana: We now have a long history and extensive set of partners and collaborators that can help us in this work, and we have worked hard to hire staff and identify volunteers from the wide variety of cultural and linguistic backgrounds in NJ. We belong to coalitions such as the Black Issues Convention and the NJ Alliance for Immigrant Justice as well as other issue coalitions that engage representatives of underserved communities. We ask for help all the time and we allocate resources to “cultural liaisons,” often parents from those underserved communities, to show how highly we value their support.

Tawara: As I stated on the webinar, the term “informant” may not be universally received as positive within some communities. Go with cultural brokers or knowledgeable members of a given community. Paula Sotnik has written extensively about cultural brokering within the developmental disabilities community. The NCCC has a publication on cultural brokering that may indeed be helpful to think of approaches to cultural brokering that can be adapted for mental health and aging. See link. <https://nccc.georgetown.edu/culturalbroker/>

Q: How do you handle when someone identifies as gay with ID, but has a guardian who refuses to allow an exploration or attendance at support groups?

Tawara: This is a difficult situation and it is not an uncommon behavior of parents, including minors without ID who are dependents or not of legal age. If the person with ID has annual service planning meetings, and the guardian is in attendance, the person’s desires and goals can be raised within this context. It will require the person with ID’s consent, and it is important that the person is comfortable and not fearful of retribution by the guardian. If the person with ID is a member of an “accepting and affirming” religious or spiritual community – clergy or leader may serve as an intermediary. There may be stories from other individuals with ID who self-identify as LGBTQ and their parents who have gone through similar situations that can be shared. The guardian may be fearful because many in the U.S. still reject individuals who identify as LGBTQ. The guardian may believe he/she/they is protecting the individual with ID. Again, it is a very sensitive issue, particularly for the individual with ID who is dependent on the guardian and may indeed live with the guardian. Additionally, you can seek help from experienced LGBTQ counselors and professionals.

Diana: We must follow the law which allows parents to make decisions for their youth until they reach the age of majority. We do workshops and webinars around sexuality for youth with disabilities, including a four-part webinar series on Disability and Sexuality. We also address these issues in our three regional transition conferences where we bring together parents and youth with disabilities, starting off together in the morning, then learning in separate tracks, then bringing them back together at the end of the day.

Q: Do you have any books you would recommend for personal study on this topic?

Tawara: The topic of cultural competence is really, really broad and encompasses understanding culture, its manifestation among individuals with disabilities, and the capacity of organizations to systemically address culture in the design, delivery, and evaluation of services and supports. So go

with your own interests. I have sampled not only the national literature but the international literature as well on beliefs and practices related to disability.

Consider a resource developed by the Georgetown University National Center for Cultural Competence that lists areas of awareness, knowledge, and skills for curricula and training materials.

<http://uceddclctraining.org/resources/core-curricula-content-on-cultural-competence-for-ucedds-individual-level>

Diana: Building Cultural Reciprocity with Families, and Cultural Reciprocity in Special Education: Building Family Professional Partnerships (Dr. Beth Harry); The Spirit Catches You and You Fall Down, by Ann Fadiman; The Role and Relationship of Cultural Competence and Patient-Centeredness in Health Care Quality (<https://www.commonwealthfund.org/publications/fund-reports/2006/oct/role-and-relationship-cultural-competence-and-patient>)

Q: How do you protect cultural awareness from becoming another form of stereotyping? It seems that professionals sometimes use cultural awareness as a way to avoid getting to know individuals and their unique motivations.

Tawara: Cultural awareness is defined as being cognizant, observant, and conscious of similarities and differences among and between cultural groups;²⁷ and “recognition of one’s own cultural influences upon values, beliefs and judgments, as well as the influences derived from the professional’s work culture.”²⁸

If these definitions are followed, they do not lend themselves to stereotyping. If the person practices self-assessment, an element of cultural competence, it offers a way to engage in self-reflection on an ongoing basis and identify biases and stereotyping.

²⁷Goode TD, Sockalingam S, Snyder LL. Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs. Washington, DC: National Center for Cultural Competence; 2004.

²⁸Winkelman M. Cultural Awareness, Sensitivity & Competence. Eddie Bowers Publishing Co: Peosta, Iowa; 2005:9.

The Georgetown University has a distance learning module series focused on conscious and unconscious biases – it was developed for health care professionals, however much of the content is applicable across discipline. <https://nccc.georgetown.edu/bias/index.php>

Diana: Cultural awareness, reciprocity, and competence are the opposite of stereotyping; they are all about getting to know individuals and their unique motivations within their personal cultural context.

Q: Can you provide an example of what it would look like to include being culturally competent on a job description?

Diana: Here is some language from our job descriptions: “Demonstrated effective communication skills with a range of communities representing NJ’s diverse populations. Demonstrated knowledge of underserved communities in the geographic area for which the applicant is applying. Demonstrated ability to outreach to and serve underserved families, collaborate with diverse communities, and engage diverse families in advocacy and leadership. Comprehensive knowledge of local community resources and the ability to partner with diverse cultures and communities. Demonstrated commitment to the health, education, and well-being of all NJ children and families, including families of color, immigrant and LEP families, LGBTQ families, families from diverse socio-economic backgrounds, families from underserved urban and rural communities.”

Tawara: I would not include the language “being culturally competent” on a position description. Rather, I would include language such as: 1) the capacity to engage and/or provide services to culturally, racially, and ethnically diverse communities; 2) demonstrate cross-cultural communication skills; 3) demonstrate willingness and capacity to address stereotyping, prejudice, and discrimination in services and supports; and 4) the capacity to work effectively with foreign language interpreters. Refer to the NCCC self-assessment checklist series as items listed may be useful.

- [Promoting Cultural & Linguistic Competency Self- Assessment Checklist for Personnel Providing Services and Supports In Early Intervention and Early Childhood Settings](#)
 - [En Español](#)
- [Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Primary Health Care Services](#)
- [Promoting Cultural Diversity and Cultural and Linguistic Competency: Self-Assessment Checklist for Personnel Providing Services and Supports to LGBTQ Youth and their Families](#)
- [Promoting Cultural Diversity and Cultural and Linguistic Competency: Self-Assessment Checklist for Staff of Residential Programs Providing Behavioral Health Services and Supports to Children, Youth, and their Families](#)
- [Promoting Cultural Diversity and Cultural Competency Self-Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities & Special Health Needs and their Families](#)
 - [En Español](#)
- [Providing Services and Supports for Youth who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex or Two-Spirit](#)

Q: How does the Latinx community view autism and disability?

Diana: There is no monolithic “Latinx community” view of autism and disability.

Tawara: There is no one view of autism and disability in such diverse and multicultural communities such as Latino, Hispanic, and Latinx. This is the equivalent of asking how does the white (non-Hispanic) community view autism and disability.

Q: How do we best ask about Native Americans' practices respectfully?

Tawara: This begs the question, Native American practices in what? See several links. Consider searching for citations in the juried and gray literature.

- <https://www.ncuih.org/index>
- <http://www.ncai.org/policy-issues/education-health-human-services/disabilities>
- <https://www.nativedisabilitylaw.org/resources>
- https://www.auced.org/docs/publications/native_am_needs_assmt_sm.pdf

Diana: ICWA: Working with Native American Families and Tribes is a solid curriculum for child welfare workers in California but is applicable beyond California's boundaries, https://calswec.berkeley.edu/sites/default/files/icwa_trainer_guide_final_2.1.17.pdf. SAMHSA has a great culture card at <https://store.samhsa.gov/system/files/sma08-4354.pdf>. In addition to learning through reading relevant materials, I would recommend reaching out to community and tribal organizations that serve Native American families, Native American professionals, and Native American families, and asking for their partnership. Be prepared to start from scratch instead of asking them to help you do something, ask them what you can do together, how you can support their efforts, etc.

Q: Diana, I'd be interested in hearing a bit more about the community doulas.

Diana: To learn more about community doulas, go to <https://maternityneighborhood.com/2014/11/care-models-that-work-community-based-doulas/> and <https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>. You can read about SPAN's Sister to Sister Community Doula Initiative at <https://spanadvocacy.org/programs/doulas/>.

Q: Can Lorraine advise on how to conduct outreach to Native American tribes in Washington State?

Lorraine: You might want to reach out to the local Native American urban organizations or directly to the tribes in Washington State.

Tawara: Rather than community outreach, consider community engagement. These are two very different ways of interacting with Native Americans and American Indians. Consider establishing a relationship with a cultural broker. A primary question is to engage these communities toward what end or purpose. See the NCCC's monograph on cultural brokering. <https://nccc.georgetown.edu/culturalbroker/>

Refer to the work of Paula Sotnik on cultural brokering within the disability community.