Cultural and Linguistic Competence
Vermont Child Mental Health Initiative

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Culture is like an Iceberg

- What is visible?
- What is underneath the surface?
An Iceberg Concept of Culture

- dress
- age
- gender
- language
- race or ethnicity

physical characteristics

- eye behavior
- facial expressions
- body language
- sense of self
- gender identity

- notions of modesty
- concept of cleanliness
- emotional response patterns
- rules for social interaction
- child rearing practices
- decision-making processes
- approaches to problem solving

- concept of justice
- value individual vs. group

- perceptions of mental health, health, illness, disability

- patterns of superior and subordinate role in relation to status by age, gender, class
- sexual identity & orientation

and much more...

Slide Source: The National Center for Cultural Competence, 2005
Cultural and Linguistic Competence (CALC) is defined as the ability to provide culturally responsive care regardless of racial/ethnic identity or cultural affiliation (Avila, Beatson & Kamon, 2014; Champlain Valley Area Health Education Center, 2012; Goode, Dunne & Bronheim, 2006)

What is Cultural and Linguistic Competence (CALC)?
### Vermont Racial and Ethnic Population Counts

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th></th>
<th>2010</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Number)</td>
<td>(%)</td>
<td>(Number)</td>
<td>(%)</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>585,431</td>
<td>96.2</td>
<td>590,223</td>
<td>94.3</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>5,504</td>
<td>0.9</td>
<td>9,208</td>
<td>1.5</td>
</tr>
<tr>
<td>Asian</td>
<td>5,217</td>
<td>0.9</td>
<td>7,947</td>
<td>1.3</td>
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<tr>
<td>Black or African American</td>
<td>3,063</td>
<td>0.5</td>
<td>6,277</td>
<td>1.0</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>2,420</td>
<td>0.4</td>
<td>2,207</td>
<td>0.4</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>141</td>
<td>0.0</td>
<td>160</td>
<td>0.0</td>
</tr>
<tr>
<td>Other Races</td>
<td>1,443</td>
<td>0.3</td>
<td>2,105</td>
<td>0.3</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>7,335</td>
<td>1.2</td>
<td>10,753</td>
<td>1.6</td>
</tr>
<tr>
<td>Total Vermont Population</td>
<td>608,827</td>
<td>--</td>
<td>625,741</td>
<td>--</td>
</tr>
</tbody>
</table>

**Notes:** Percentages will not equal 100%. Races include people who identify as both Hispanic/Latino or not Hispanic/Latino. Data Source: U.S. Census
Summary of VT Refugee Arrivals
(Refugee resettlement started in 1980 in VT)

- Bosnia – 1705
- Burma – 252
- Burundi – 116
- Bhutan - 1167
- Congo – 236
- Iraq – 181
- Somalia – 617
- Sudan – 138
- Vietnam – 1069
- Others - 917 (incl. Azerb., Kosovo, M. Turks, Togo, Rwanda)
Community Needs & Access to Services

- Changing demographics – 56 languages spoken by students in area schools
- 20-30% of students are racially/ethnically diverse in area schools
- Cultural and linguistic differences affecting identification, screening, assessment, intervention, and access to services
- Misunderstanding of bilingual language acquisition, ELLs, and behavioral issues
Equality vs. Equity

**EQUALITY = SAMENESS**

Giving everyone the same thing → It only works if everyone starts from the same place

**EQUITY = FAIRNESS**

Access to same opportunities → We must first ensure equity before we can enjoy equality
“differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust” (World Health Organization, 2010); and “occur by gender, race or ethnicity, education or income, disability, living in rural localities, or sexual orientation” (Healthy People 2010)

What are Health Disparities?
CALC is critical to end health disparities (Coker, Rodriguez, & Flores, 2010; Expert Panel, 2012; Goode, Dunne & Bronheim, 2006; Wilson, 2011; Wu & Martinez, 2006)

CALC can not only improve health providers’ knowledge but it can also improve their attitudes and skills (Beach, Price, Gary, Robinson, Gozu, Palacio, et al., 2005)

Under Strategy I.C of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (2011), cultural competence training was identified as one of the actions to improve the quality of care; and “the ability of the healthcare workforce to address disparities will depend on its future cultural competence and diversity” (p.17, IC.1).
Background of VT CMHI’s CALC

- Vermont Child Mental Health Initiative’s Youth In Transition grant
- Regional Responses to Cultural and Linguistic Competence
- CALC Training
  - CALC training objectives
  - CALC training content
    - Culturally and Linguistically Appropriate Services (CLAS)
<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Trainings</th>
<th>Number of Participants</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamoille</td>
<td>1</td>
<td>5</td>
<td>2012</td>
</tr>
<tr>
<td>Newport</td>
<td>1</td>
<td>6</td>
<td>2014</td>
</tr>
<tr>
<td>St. Johnsbury</td>
<td>1</td>
<td>9</td>
<td>2011</td>
</tr>
<tr>
<td>Washington</td>
<td>1</td>
<td>11</td>
<td>2012</td>
</tr>
<tr>
<td>Springfield</td>
<td>1</td>
<td>17</td>
<td>2013</td>
</tr>
<tr>
<td>Windham</td>
<td>1</td>
<td>17</td>
<td>2011</td>
</tr>
<tr>
<td>Hartford</td>
<td>1</td>
<td>21</td>
<td>2014</td>
</tr>
<tr>
<td>Addison</td>
<td>2</td>
<td>34</td>
<td>2013</td>
</tr>
<tr>
<td>Rutland</td>
<td>2</td>
<td>38</td>
<td>2013</td>
</tr>
<tr>
<td>Franklin/GI</td>
<td>3</td>
<td>54</td>
<td>2011 &amp; 2013</td>
</tr>
<tr>
<td>Chittenden</td>
<td>3</td>
<td>71</td>
<td>2010 &amp; 2014</td>
</tr>
<tr>
<td>Bennington</td>
<td>5</td>
<td>84</td>
<td>2011 &amp; 2012</td>
</tr>
</tbody>
</table>

Vermont Council for Runaway and Homeless Youth Programs, Behavioral Interventionist Conference, UVM Dept. Psychology, UVM Dept. Pediatrics, UVM Center for Health & Wellbeing, AHECs, Pathways, Prevent Child Abuse VT, VT Legal Aid, Peace & Justice Center & VFFCMH; 454 participants

CALC Training Progress
Pre and Post-Test collected at every training

- Incorporated questions from “Race Equity Quiz” & “Health Literacy Quiz” (Association of American colleges and Universities, 2003)
- Demographics, Diversity Experience, Provider and Organizational Cultural Competence, Racial and Health Disparity Knowledge, and Comfort Level
- Post-test satisfaction section
Findings from 800+ Vermont providers

- Diversity Experience
  - 36.2% no or little prior CALC

- Provider Cultural Competence
  - 2.1 (SD=1.12) to 2.9 (SD=.97) (p<.001)

- Organizational Cultural Competence
  - 2.47 (SD=.76) to 2.8 (SD=.49) (p<.001)

- Racial Disparity Knowledge
  - .78 (SD=.81) to 3.53 (SD=.74) (p<.001)

- Health Disparities Knowledge
  - 1.57 (SD=1.3) to 4.74 (SD=.77) (p<.001)

- Comfort Level
  - 1.21 (SD=.76) to 1.87 (SD=.66) (p<.001)
“Mercedes is an informative, eye-opening, dynamic speaker who challenges our assumptions about diversity and the need for cultural competence in a "white" state like Vermont. With powerful examples of historical, institutionalized racism whose legacy of oppression continues today, she helps us all examine our own internalized biases and unconscious beliefs. Her training gave me a much deeper understanding of health disparities in this country.” – Social Worker & Policy Director

"The historical context of the construction of race in America was incredibly helpful. It really opened my eyes to the specific laws and policies that perpetuated racism and still have an impact today. I wish I could download Mercedes brain into mine - she is a wealth of knowledge and does a fantastic job facilitating the learning in this training. I want to take the three credit version!!" – Health Educator & Director of Student Services
“Dr. Avila’s cultural competence training, specifically the intersect between racism, health disparities and culturally responsive care, has been instrumental in helping our LEND program deepen and broaden its impact in service provision and education statewide.” – Nursing Faculty & Training Director

“This training was an absolute wonderful look into the challenges that can arise when we are not aware of possible cultural divides. Unlike many previous cultural trainings I had attended this training left me feeling informed and empowered.” – Mental Health Clinician & Supervisor
time for change
2 mental health agencies now require CALC for newly hired employees; two more are in the process of incorporating CALC
CALC training is now “Racism and Health Disparities” course for Nursing and Health and Sciences students at UVM; 125 students per academic year
CALC training to be incorporated in College of Medicine curriculum in 2015
- 100+ former refugee and immigrant young adults have been trained on youth leadership strategies
- 10 former refugee young adults are pursuing health or mental health careers; at least 20 more seniors are considering a health or mental health field
- 2 former refugee community members just completed a Policy Fellowship to address disparities in health and mental health; and 4 have been recruited for 2015
- 14 former refugee young adults were part of a 6-week residential program for 11th grades interested in health/mental careers (2012, 2013 & 2014)
"The first time I walked through the doors I thought it would be boring but than I heard music playing and good food! I learned a lot of lessons on how to deal with my anger issues! Next time I'm going to just play drums as loud as I can and scream from the bottom of my lungs" – Former Somali Bantu Refugee

"I think the conference was a lot of fun and it gave everyone the chance to express themselves either through art, music or voice." – Former Congolese Refugee

"There were lots of things we could take out from this conference, but one of the most significant things I learned was to interact with people and make connections." – Former Bhutanese Refugee

"THE CONFERENCE WAS AMAZING. IT WAS A GREAT WAY FOR YOUTH TO ADDRESS AND EXPRESS THEIR IDEAS AND CONCERNS TO OTHER YOUTH AND ADULTS" – Former Somali Bantu Refugee
- At least 20 former refugee young adults have attended national leadership academies or social justice institutes
- At least 15 former refugee/immigrant young adults have been presenters or speakers at local and national conferences
- CALC results have been disseminated at 11 national venues
- CALC results have been published in the *Journal of Cultural Diversity* and as a book chapter on *Building CALC in Medical and Mental Health Education*

**CALC Progress – Ongoing Learning & Dissemination**
Providers’ level of CALC & resistance
Organizational level of CALC
  Diversifying workforce
  Policies
Providers’ knowledge of CLAS Standards
Communities’ knowledge about services
Organizations that understand the importance of engaging communities, youth, and young adults have demonstrated higher commitment to CALC (3 of 12 regions)
“[…] workshops that integrate key topics as recommended by the Institute of Medicine (IOM) and through the CLAS standards significantly improve self-reported knowledge and skills among health care providers and administrators” (Khanna et al., 2009, p. 891)

Vermont data build on previous literature demonstrating the effectiveness of CALC trainings, while at the same time incorporating the historical context of racism and its impact on health disparities as core components of training sessions.
Recommendations

- SAMHSA Grant requirements related to CALC & Health Disparities Statements
- NIH Grant requirements related to CALC
- CALC Policy*
- Diversify Workforce *
- Ongoing CALC training for service providers*

* As recommended by the HHS OMH and CLAS Standards
VIDEO
Institutional Oppression: A History of US
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