



Partnership
FOR CHILD HEALTH



Effective Cross Cultural Communication

An Introduction to Cultural and Linguistic Competency

Culture and communication are inseparable. As children grow and develop, building a strong foundation of communication increases the probability of successful outcomes. Culture not only dictates who talks to whom and what is communicated, culture also determines how individuals encode messages. The exchange of information between two people from different cultures is termed cross-cultural communication. Language is a key component of culture and while individuals may speak the same language but their styles of communication and non-verbal methods may be different. Personal space, use of silence, gestures, eye contact and formal/informal register are also culturally defined.



For example, some Asian Americans consider it disrespectful to ask questions of individuals in authority roles. During a clinical encounter, an Asian caregiver may nod in agreement but may not have understanding of the care plan. In this situation, a provider may want to use the teach-back method to confirm understanding, that is ask the caregiver or youth to share what was understood about the care plan.

In traditional European American culture, trust is conveyed by firm handshakes and eye contact. In some American Indian cultures a lack of eye contact may indicate humility and an acknowledgement of authority. A provider may question the credibility of an American Indian caregiver/youth because they are avoiding contact, when actually the behavior is an example of a core cultural value.

Youth also have their own communication methods such as slang, text abbreviations, snapchat, twitter, and other social media tools. Effective cross-cultural communication promotes provider-family engagement, quality interactions and youth/family satisfaction.

In 2013, The United States Department of Health and Human Services—Office of Minority Health updated the Culturally and Linguistically Appropriate Services (CLAS) Standards expanding the definition of culture and the application of the standards in both primary care and behavioral health systems. The goal of these standards is to increase health equity through a framework for understanding diverse communities. The CLAS Standards focus on addressing cultural competency and health equity across three major themes:

- 1) Governance, Leadership and Workforce Development;
- 2) Communication and Language Assistance;
- 3) Continuous Quality Improvement and Accountability.

The themes Communication and Language Assistance focus on promoting cross-cultural communication. The communication standards emphasize offering language assistance at no cost facilitating timely access, informing individuals of language assistance services clearly, ensuring competence of translators and promoting health literacy. i.e. easy to understand forms, signage, print and visual media

Health literacy is the ability to read, understand and act on health information. According to the 2013 US Census Bureau American Community Survey, Over 25 million people over the age of 5 are living in the US with Limited English Proficiency (LEP). English proficiency refers to anyone above the age of 5 who reported speaking English less than “very well,” as classified by the U.S. Census Bureau. Over 60 million, people in the US speak a language other than English at home.

Bauer, Chen and Algeria (2011) study showed that compared to individuals who are English proficient in similar circumstances, individuals with LEP and behavioral health disorders are less likely to identify a need for behavioral health service, take longer in seeking health care services, use fewer services for behavioral health disorders. Hence, interpretation and translation services are needed so that families may make informed health care decisions. Federal legislation mandates language assistance services for federally funded organizations and programs. These communication and language assistance CLAS standards are a result of Title VI of the Civil Rights Act of 1964, prohibiting discrimination based on national origin, And Executive Order 13166 (issued in 2000) statutes that state people with LEP should have meaningful access to federally conducted programs/activities.

Person-First Language

The phrase person-first language refers to linguistic expression that humanizes people. Person-first language names people first and the condition second. Person-first language implies that youth and their caregivers are multidimensional beings and separates the “person” from the “trait.” Below are examples and non-examples of person first language.



Don't Say



Please Say

She's schizophrenic.	She is living with schizophrenia.
He's mentally disturbed/retarded.	He's living with a mental health disorder.
She's special ed.	She receives behavioral health services.
She's a crack baby or fetal alcohol syndrome child.	She was exposed to substances in utero.
He's a sickler.	He is living with sickle cell disease.
The gay child.	The child that identifies as gay.

Culturally responsive providers also know how to elicit information from youth and families to understand their cultural background, acculturation levels and trauma.

ETHNIC model

E = Explanation

How do you explain your illness?

T = Treatment

What treatment have you tried?

H = Healers

Have you sought advice from folk healers?

N = Negotiate

What does a good care plan or treatment plan look like for you?

I = Intervention

Are you in agreement with this care plan/treatment?

C = Collaboration

How do we work together to keep your child, youth and family happy and healthy?

HELPFUL RESOURCES

HEADSS Assessment

<http://www.bcchildrens.ca/Youth-Health-Clinic-site/Documents/headss20assessment20guide1.pdf>

Spiritual Assessment

<http://www.aafp.org/afp/2001/0101/p81.html>

Cultural Assessment

http://etl2.library.musc.edu/cultural/communication/communication_4.php

Assessment Tools

<http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/?tab=4>

Adverse Childhood Experiences Questionnaire

<http://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>

For more information regarding cross-cultural communication professional learning and training, please contact The Partnership for Child Health at Jacksonville System of Care **904.630.1072** or visit the partnershipforchildhealth.org.

910 North Jefferson Street
Jacksonville, FL 32209

Partnershipforchildhealth.org



Partnership
FOR CHILD HEALTH

Jacksonville System of Care Initiative