

LASSEN COUNTY CULTURAL COMPETENCY NEWSLETTER



Volume 2 / Issue 4
April 2019

PURPOSE:

To reduce and eliminate cultural disparity by improving access to culturally and linguistically sensitive competent mental health and Substance Use Disorder (SUD) services.

GOALS:

- Continuous assessment of service needs throughout the community
- Development and implementation of strategies to reduce disparities
- Training for professionals and community members
- Stigma reduction and promotion of culturally appropriate services

Cultural competence, in brief, is the ability to interact effectively with people from different cultures. This ability depends on awareness of one's own cultural worldview, knowledge of other cultural practices and worldviews, tolerant attitudes towards cultural differences, and cross-cultural skills.

CLAS STANDARDS

One of the key objectives of the Cultural Competence Committee is to bring awareness of the National Culturally and Linguistically Appropriate Services (CLAS) Standards. CLAS Standards were developed by the US Health and Human Services Office of Minority Health. The CLAS Standards represent a path to correcting current inequities in the provision of healthcare services and to making those services more responsive to the needs of individuals of all cultural and linguistic backgrounds.

We will highlight a CLAS standard in each issue of the Cultural Competence Newsletter.

CLAS Standard 7 – Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Whether your organization decides to hire bilingual clinicians or a dedicated staff interpreter or to use contract interpreters, it is important to ensure the competence of the language services available for your Limited English Proficiency (LEP) patients, because both providers and patients may wonder whether the communication was accurate.

Skills needed to interpret

A person who is fluent in two languages may not be able to serve as interpreter for those languages. Interpreting requires the following skills:

- Language proficiency in both languages
- Knowledge of medical terminology
- Appropriate tone of voice
- Articulation when speaking
- Ability to pronounce words clearly in both languages
- Ability to manage the flow of communication
- Ability to manage the triadic relationship
- Good memory
- Understanding of cultural nuances of language
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- Ability to think quickly – to convert messages on the spot, accurately
- Understanding of ethical issues
- Knowledge of dialects or language varieties
- Discourse management
- Drive to consistently work on language skills and vocabulary
- Knowledge in cross-cultural and cross-linguistic variation

Organizations can consider using written and oral tests, oral interviews, or an outside organization – or a combination of these methods – to assess bilingual staff and interpreters. Organizations may choose to develop a test in house or use one from another organization in the community. Also, if internal staff members are not able to do an assessment, your organization may consider using an outside agency. Note that most test assessments have not been scientifically constructed or validated.¹

In addition to language barriers, cultural issues may affect the interaction between the provider and patient. The interpreter must pay attention to those occasions when cultural beliefs create a barrier to effective communication and assist the provider and patient in exploring what the barrier may be.

The next meeting of the Lassen County Cultural Competence Committee will be April 2, 2019.

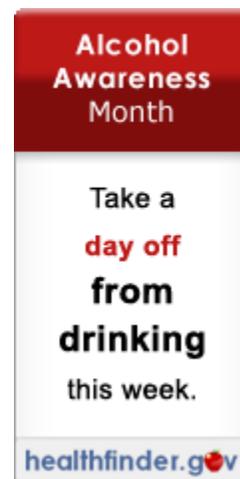
APRIL AWARENESS

Alcohol Awareness Month

Alcohol Awareness Month is a public health program organized by the National Council on Alcoholism and Drug Dependence as a way of increasing outreach and education regarding the dangers of alcoholism and issues related to alcohol. The program was started in April 1987 with the intention of targeting college-aged students who might be drinking too much as part of their newfound freedom. It has since become a national movement to draw more attention to the causes and effects of alcoholism as well as how to help families and communities deal with drinking problems.

A big part of the work of Alcohol Awareness Month is to point out the stigma that still surrounds alcoholism and substance abuse in general. *Psych Central* points out that denial is a major characteristic of alcohol abuse, both from the person currently experiencing it and from friends and family members who are uncomfortable acknowledging the gravity of the situation. April, which is the month during which Alcohol Awareness Month runs, is a chance for public health bodies, community centers, and treatment facilities to increase their efforts to reach people who may not fully appreciate the dangers of unhealthy alcohol consumption.

These organizations, many of which are part of NCADD's National Network of Affiliates, launch campaigns on social and traditional media during the month of April to draw attention to the causes of alcoholism, the signs and effects of the condition, [how to talk to a loved one about a drinking](#)



¹Wendy Siegel, Building Linguistic and Cultural Competency: A Toolkit for Managed Care Organizations and Provider Networks That Serve the Foreign-Born (Chicago, IL: Mid-America Institute on Poverty: Heartland Alliance for Human Needs and Human Rights, 1998)

problem, and how to find treatment options. These campaigns can include advertising, especially in areas that are prone to abusive alcohol consumption like college campuses, where the **National Institute on Alcohol Abuse and Alcoholism** notes that 37.9 percent of **students engage in binge drinking**; public talks; content on television, radio, social media or print media; and other events to get the word out.



National Child Abuse Prevention Month, also known as **Child Abuse Prevention Month** in America, is an annual observance in the United States dedicated to raising awareness and preventing child abuse. The first federal piece of legislation to protect children from abuse and neglect, the Child Abuse Prevention and Treatment Act (CAPTA), was passed in 1974. In 1982, Congress took further steps toward identifying and preventing child abuse and recognized the first Child Abuse Prevention Week. Shortly after, the first National Child Abuse Prevention Month was designated in April. Since those early days, the focus on recognition and prevention has widened to include promoting healthy parenting and strong families through education and community support. April has been designated Child Abuse Prevention Month in the United States since 1983.

Child abuse takes many forms, physical, emotional, verbal, sexual, neglect, exploitation, and more. When we speak of child abuse, we normally first think of physical abuse, but the shocking truth is neglect is the number one form of child abuse in America.

Child abuse are acts that result in serious harm or risk of harm, including physical violence, exploitation, and death. Failure to take action to stop the harm is also considered child abuse.

Child neglect is the failure to provide a child's basic needs that range from providing clean clothing to medical care.

In the United States, child protective services referrals involve **7.2 million children** each year.

APRIL AWARENESS CALENDAR

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| April 7 | World Health Day |
| April 19 | Good Friday |
| April 21 | Easter |
| April 22 | Earth Day |
| April 24 | Administrative Professionals Day |
| April 28 | Occupational Safety and Health Day |
| April 7-13 | National volunteer week |
| April 7-14 | Oral, Head and Neck Cancer Awareness Week |

Autism Awareness Month
Child Abuse Prevention Month
Donate Live Month
Parkinson's disease Awareness Month
Esophageal Cancer Awareness Month
Testicular Cancer Awareness Month
Oral, Head and Neck Cancer Awareness Month