

Health Education for Vulnerable Populations: Programming and Research Implications

1

**CULTURALLY AND LINGUISTICALLY
COMPETENCE, AND HEALTH EQUITY**

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Background

2

- The elimination of racial and ethnic disparities in health has become a major focal point in the prevention of diseases and the promotion of health in the U.S.
- HP2010 - Goal 2: Eliminate Health Disparities
 - To eliminate health disparities among different segments of the population.
- To develop effective health education programs, health educators need to understand the complexity of cultural and linguistic competency and health equity.

Consider These Questions

3

- What strengths do we have that help us work with people from diverse cultural, racial, and ethnic backgrounds?
- What training do we receive to prepare us to work with diverse cultural, racial, age, sexual orientation, and ethnic backgrounds?
- What are the biggest challenges we face when addressing the needs of diverse groups?
- How do we promote health equity?



Cultural Competence

4

- “The ability of an individual to understand and respect values, attitudes, beliefs, and mores that differ across cultures, and to consider and respond appropriately to these differences in planning, implementing, and evaluating health education and promotion programs and interventions”

2000 Joint Committee on Health Education
and Promotion Terminology

Cultural Competence

5

- It includes the awareness and acceptance
 - Awareness and acceptance of one's own cultural values and biases.
 - Awareness and acceptance of difference of cultural values and beliefs.
 - Commitment to honor and respect beliefs and values of other cultures.
- Includes the ability to develop, adapt, and implement practice skills to fit the cultural context of the person.
- It is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time.

Linguistic Competence

6

- 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 who have low literacy skills or are not literate, and individuals with disabilities.

National Center for Cultural Competence (2006)

Linguistic Competence

7

- Includes, but is not limited to, the use of:
 - bilingual/bicultural or multilingual/multicultural staff;
 - cross-cultural communication approaches;
 - foreign language interpretation services including distance technologies;
 - sign language interpretation services;
 - multilingual telecommunication systems;

Linguistic Competence

8

- Includes, but is not limited to, the use of:
 - print materials in easy to read, low literacy, picture and symbol formats;
 - materials in alternative formats (e.g., audiotape, Braille, enlarged print);
 - materials developed and tested for specific cultural, ethnic and linguistic groups;
 - translation services;
 - ethnic media in languages other than English (e.g., television, radio, newspapers).

Need for Cultural and Linguistic Competence

9

- To respond to current and projected demographic changes in the United States.
- To eliminate long-standing disparities in the health status of people of diverse racial, ethnic and cultural backgrounds.
- To improve the quality of services and health outcomes.

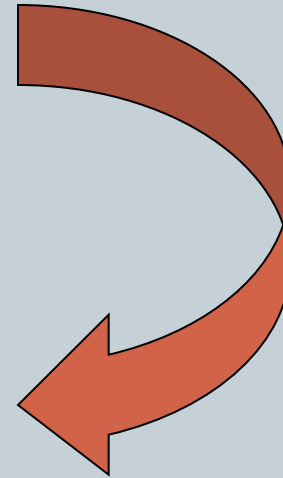
National Center for Cultural Competence

Paradigm Shift

10

Elimination of Health
Disparities

Promotion of Health
Equity



Health Equity

11

- Defined as the absence of systematic disparities in health between social groups who have different levels of underlying social advantages/disadvantages – that is, different positions in a social hierarchy (Braveman & Gruskin, 2003).

Right of Health

12

- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition (WHO Constitution).

Why is health equity important?

13

- Populations in poorest health are also the fastest growing segments of the population.
- Health problems are chronic, debilitating, often fatal, and often preventable.
- Health care costs are soaring.
- There have been a significant gains on the health status of the nation, but these have not been equitable.
- Why?

Social Determinants of Health

14

1. The Social Gradient

- Life expectancy is shorter and most diseases are more common further down the social ladder in each society.

2. Stress

- Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death.

Social Determinants of Health

15

3. Early Life

- A good start in life means supporting mothers and young children: the health impact of early development and education lasts a lifetime.

4. Social Exclusion

- By causing hardship and resentment, poverty, social exclusion and discrimination cost lives.

Social Determinants of Health

16

5. Work

- In general, having a job is better for health than having no job.
- People who have more control over their work have better health.

6. Unemployment

- Unemployment puts health at risk, and the risk is higher in regions where unemployment is widespread.

Social Determinants of Health

17

7. Social Support

- Friendship, good social relations and strong supportive networks improve health at home, at work and in the community.

8. Addiction

- Drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health.

Social Determinants of Health

18

9. Food

- A good diet and adequate food supply are central for promoting health and well-being.

10. Transport

- Cycling, walking and the use of public transport promote health in four ways.
 - ✦ Provide exercise, reduce fatal accidents, increase social contact, and reduce air pollution.

The Causes of the Causes

19

- Growing, living and working.
- Contextualizing behaviors.
- Health systems.
- The shape of society.
- The social context.
- The global arena.

Implications

20

- Recognize the Importance of Culture and Diversity.
- Maintain a Current Profile of the Cultural, Racial, and Ethnic Composition of the Community.
- Ensure that Services are Accessible, Appropriate, and Equitable.
- Provide Ongoing Cultural and Linguistic Competence Training.

Implications

21

- Involve as “Cultural Brokers” Community Leaders and Organizations Representing Diverse Cultural Groups.
- Ensure that Services and Information are Culturally and Linguistically Competent.
- Assess and Evaluate the Program’s Level of Cultural Competence.

Implications

22

- Define the role of health educators in the promotion of health equity.
- Recognize the Importance of social determinants of health.
- Monitoring, research, and training on social determinants of health.