

**Cultural and Linguistic Competence: Who Me?**  
**Safe Schools/Health Students Project Directors Consortia Conference**  
**Plenary Notes to Supplement Powerpoint**  
**March 16, 2010**

Demographics:

The Latino/Hispanic population has grown 7 times faster in the last 30 years than the population of the country as a whole.

The total U. S. population growth rate is 13.2% and for Latinos it is 57.9% (U.S. Census Bureau, 2008).

By the year 2050, there will be approximately 133 million Latinos in the US constituting about 30% of the total population.

People of color are no longer the “minority.” There are 5 so called “minority majority” states – Texas, California, New Mexico, Hawaii and DC

Hispanics/Latinos comprise 22% of the children younger than 18 in 2008

By 2050, 1/3 of all youth under 19 will be Latinos (US Census Bureau, 2004)

Ultimately the reason we are even addressing CLC is to be able to address the ever present disparities and disproportionalities in our society.

Disparities:

20% of all children in the U.S. live below the poverty line. Of those,  
11% of these children are white,  
42% percent are African-American  
39% are Latino.

Regarding mental health needs, 88% of US born Latino children/youth have unmet mental health needs, highest of all ethnic/racial groups (Kataoka, Zhang, Wells, 2002)

US born Latinos have high rates of depression, anxiety-related disorders and rates of suicidal ideation and attempts, especially Latina adolescents, yet Latino children and youth utilize mental health services at the lowest rates compared to all other ethnic/racial groups

Ethnic and racial groups are less likely to utilize mental health services, partly because services are not available, are unaffordable, quality is poor, services are not culturally appropriate, mental health is stigmatized or the potential benefits are not recognized because services are not meeting the needs of children of color.

When African American males do receive treatment, it is because they are diagnosed with the most severe diagnoses and placed in the most restrictive settings (inpatient psychiatric hospitals and residential treatment facilities), many times for the purposes of behavior control and “safety for the community.”

Disproportionalities:

In 2005, approximately three in five (58% or 292,692) of the 513,000 children living in foster care placements were children of color, although children of color represented only 42% of the child population in the United States.

33 percent (166,482) of the children in foster care were African American although African American children make up only 13% of the U.S. child population

1.5 % of US child population is American Indian or Alaska Native, yet in some counties and states they constitute up to 20% of children in foster care.

Youth of color are over-represented in the juvenile justice system. They accounted for 38% of the U.S. juvenile population and 61% of juveniles in custody in 2003.

African Americans and Hispanics were over-represented as perpetrators in news reports, especially those involving violent crimes, and underrepresented as victims (Dorfman and Schiraldi, 2001).

Media coverage disproportionately connects violent crime with young people, particularly youth of color.

More Examples of What CLC is...

Governance boards need to be proportionately representative of the populations of focus

Safe organizational climate set by leadership is absolutely necessary to instill trust and confidence that sharing will not cause retribution or reprimand.

Self assessment, both individual (with supervisor) and organizationally are critical-we must practice what we preach to our communities. Let's do the hard work ourselves so that we know what to expect as our communities address CLC themselves.

As leaders, we must not undermine CLC efforts by short-changing them from the onset by not devoting the human and financial resources to increase the likelihood of success.

All personnel need to be proportionately representative of the populations served. We practice what we preach by mirroring the community. Families and youth relate to people that look like them and it sends a message of empowerment to them when decision-makers (the bosses) also look like them.

Examples-Hiring practices (actively recruiting applicants that come from underserved communities who are bicultural/bilingual if needed), regular CLC professional development provided, product development that is based upon CLC principles, contracts with providers who also mirror the populations served (sometimes small CBOs), differential pay for bi/multi-lingual skills, providing training opportunities such as internships, rotations, placements for diverse and under-served students from colleges/universities, who can become the future workforce,

Contractual language – policies and procedures like those mentioned above should be expected of contracted providers through performance measures that are monitored regularly and frequently as part of contract compliance, include financial or other incentives and penalties for compliance or non-compliance.

We have to hold our own staff accountable for increasing their CLC skills and abilities through annual performance appraisals that are regularly addressed in supervision, which requires the provision of professional development opportunities from management to augment supervisors and staff skills.

Design your MIS systems to track essential CLC data both demographic and qualitative data to be able to capture disparities and disproportionalities in access, availability, quality and outcomes for diverse and underserved populations. It is a joint process that includes evaluators, family members, youth, providers, CLC experts and management to feed the data back into the system's processes for course corrections, improvements and changes that address them.

Leadership is where CLC begins and could end. Leadership can foster or hinder a receptive and open environment to discuss and address difficult topics that have never or rarely been discussed, by providing opportunities and fostering dialogues in professional development sessions. Those topics include racism, institutional racism, historical trauma, white power, privilege, discrimination, micro-aggressions and prejudice to name a few. Usually, the discussion begins with personal experiences and then leads to professional experiences that eventually can assist in the provision of technical assistance with communities.

Safe school environments and violence prevention activities-  
Since disparities and disproportionalities is what CLC is ultimately about, it helps to learn about what your local disparities and disproportionalities are. Then the programs you choose and direction you take is guided by the researched local needs.

The best implementation strategies are based in a strength-based approach that identifies and emphasizes them.

Example- Working Classroom, a program that involves high risk immigrant youth from the poorest part of Albuquerque and provides visual and dramatic arts training by professionals to encourage their innate abilities that otherwise would never have been identified or nurtured. Some that remain in the program and become proficient are provided college scholarships.

Including the faith-based community is critical since, in many instances, the most powerful community entity is the church, mosque or temple. Partnering with youth ministers or other outreach ministries is smart and a good investment of resources because of the credibility the faith based community usually brings.

Cultural leaders, who many times are the community's historical knowledge-keepers, are other credible community resources that can be invited to participate from the beginning and in decision making roles on governance boards and as content experts.

Alcohol, tobacco and other drug prevention activities-

If your population of focus come from ethnic/racial communities, it is likely that their faith and spiritual beliefs play a part in their concepts of illness, wellness and healing, especially if they are more traditional. Therefore including traditional practices in prevention and intervention makes sense.

Example: El Instituto Familiar de la Raza in San Francisco, CA has a Therapeutic Drumming Program that utilizes music, prayer, chanting, traditional spirituality and health beliefs, western medicine, emphasizing culture as a central part of the healing process.

Cultural discovery, at a system level, is a process in which your initial "research" of the community you are working with includes background on the socio-cultural-political issues that affect them, such as historical or current trauma, immigrant or refugee experience, matriarchal/patriarchal lineages to learn about decision-making and authority keepers in the families and community, the role of religion/ spirituality, language proficiencies, relations with law enforcement, etc.

Natural supports/helpers are neighbors, extended families, coaches, *padrinos*, *compadres*, ministers/pastors/priests, teachers, etc. that families and communities rely on to support each other in traditional ways. They are free and priceless.

Gatekeepers are those community members who know everything and everybody although not in visible roles to those external to the community who give blessings to community activities or stop them in their tracks.

The best prevention and intervention models are one that the community owns because they are organic and encourage community empowerment.

Participatory research that includes family members, youth, traditional researchers, and community leaders to assess community alcohol and drug prevention needs, program selection and evaluation work best.

When resources are tight, non-profits compete for limited resources that usually reduces collaboration and is usually the best time for collaboration, especially prevention programs which are typically the first to be cut even though they may be effective.

Student behavior and social, emotional support-

Outreach and engagement of diverse and underserved families is critical. Many family organizations are composed of primarily white families. Special outreach and engagement activities need to be matched to the families served. Generic methods many times do not work because the media, the message, the messenger and the timing are not matched to the community. Learn what works from others who have done outreach and engaged successfully, hire community cultural experts to advise and be flexible in your approaches even if you do not have experience doing it that way.

Like in the family (advocacy) movement, youth say “nothing about me without me.” Engage youth from the beginning. They are the best consultants you can have and they aren’t as expensive, although they do deserve compensation.

We tend to more easily engage students who are active in leadership positions. What if we sought out those students who are not involved, who shy away from the limelight, who may have something to say but aren’t asked, or aren’t asked more than once? Providing opportunities, especially leadership opportunities, for them many times pay off immeasurably because no one had tapped their potential.

Working with students who have not been provided opportunities for skill development (leadership, public speaking, research, media development, policy development, etc.) develops self-esteem and pride.

Example:

Albuquerque elementary school: 5<sup>th</sup> grade school teacher who designed a male-based curriculum for his all male public school class. It includes sitting (and bouncing) on large exercise balls as they work to use energy and stay involved, utilize books with positive male role models, act out vocabulary and spelling words to learn spelling and meaning, wear blazers to emphasize the importance and seriousness of learning and compete for a chance to answer questions.

Harlem Children’s Zone in New York has transformed a 100 square block area into a complete learning environment from the cradle forward.

NTU/Ujima is an Afro-centric curriculum that emphasizes collective work and responsibility, one of the Kwanza principles.

The Native American Youth and Family Center in Portland Oregon uses traditional practices (regalia and drum making, classes on native history, etc.) to foster cultural connections in a prevention modality.

The Latin American Youth Center in DC engages youth in programs that are relevant to their history and experiences.

Gay Straight Alliances across the country foster open, honest and healthy dialogues among all diverse youth to promote acceptance and tolerance.

Mental Health Services-

MIS data elements that are well chosen (that can help detect disparities and disproportionalities in access, availability, quality and outcomes) at the beginning, can help an organization make the case to funders for prevention and intervention in schools and communities.