# Developing culturally CAPABLE materials

The table below shows Culturally CAPABLE: A Mnemonic for Developing Culturally Capable Materials. <sup>SM</sup> You can use it to think about what questions to ask community members to ensure the materials you design are culturally and linguistically appropriate.

**Colors** Certain colors may convey different meanings for different groups, religions, cultures, and communities.



- Do the document's colors have cultural significance (positive or negative) for community members?
- Do you feel that the colors in this document should be changed?



**Arts** Certain images may not be appropriate for the community. Ideally, images should reflect the community members.

- Are the pictures and artwork representative of your community?
- What message does this art/picture/logo send to you?



**Paper** Some groups may have difficulty reading information on certain colors and holding certain paper types. Some paper sizes and binding formats are also more or less common for specific groups.

- Is the paper easy to handle/read?
- Is the paper size appropriate for your community?



**Access** Materials should be placed in locations that can be easily accessed, and at physical distribution points and height placement that will enable easy access for all members of a community.

- Where should we place these materials for ease of access?
- Should we make these materials available electronically? If so, what is the best way to do so?



**Buy-in** It may be helpful to have multiple community members review the materials to create buy-in and awareness. If the reviewers grant permission to be acknowledged on the final material, their status within the community may in turn increase the level of buy-in from the community at large.

- Would other individuals/organizations be willing to review the materials?
- May we print an acknowledgement directly on the final version of the material to enable other individuals from your community to see that you have supported us?



Language Words should be easy to read and understand, and the content should be written in a way that is most appropriate for the community.

- Are the words easy to read in a font size that the majority of readers will be able to read?
- Is the content easy to understand, appropriate for the community being served and written at a reading level that will be understood by the majority of readers?



**Evaluation** To make a final assessment regarding materials, it is important to understand the impact of the changes proposed by the reviewers.

- What would be the consequences of the materials being distributed "as is"?
- Would you be willing to evaluate the material again after changes have been implemented?







## THINK CULTURAL HEALTH EDUCATION

### Sources:

Kelly, N., Graves, D., & Txabarriaga, R. (2007). Culturally Capable Translations: The Essential Role of Culture in Translation Quality Processes. ATA Chronicle, 20-26.

Centers for Disease Control and Prevention Office of Public Health Preparedness and Response. (n.d.) Public Health Workbook to Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in an Emergency. Retrieved from https://emergency.cdc.gov/workbook/pdf/ph\_workbookfinal.pdf







# Combating implicit bias and stereotypes

Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. An implicit bias can make us susceptible to unintentionally acting in ways that are inconsistent with our values. Although you do not choose to have an implicit bias, you can choose to be aware of it and combat its effects.

Two important first steps are to:

- Recognize that we all have implicit biases and that implicit bias can negatively affect clinical interactions and outcomes
- Accept the responsibility to identify and understand your implicit biases

The table below presents the next steps you can take to confront your implicit biases and reduce stereotypic thinking. Consistent and conscious use of these strategies can help you create a habit of nonbiased thinking.

Stereotype replacement	Become aware of the stereotypes you hold and create non-stereotypical alternatives to them
Counter-stereotypic imaging	Remember or imagine someone from a stereotyped group who does not fit the stereotype
Individuating	See each person as an individual, not a group member; pay attention to things about them besides the stereotypes of their group
Perspective-taking	Imagine the perspective of someone from a group different than your own ("Put yourself in the other person's shoes.")
Contact	Seek ways to get to know people from different social groups. Build your confidence in interacting with people who are different from you. Seek opportunities to engage in discussions in safe environments, spend time with people outside your usual social groups, or volunteer in a community different than your own.
Emotional regulation	Reflect on your "gut feelings" and negative reactions to people from different social groups. Be aware that positive emotions during a clinical encounter make stereotyping less likely.
Mindfulness	Keep your attention on the present moment so you can recognize a stereotypic thought before you act on it





#### Sources:

Burgess, D. J., Beach, M. C., & Saha, S. (2017). Mindfulness practice: A promising approach to reducing the effects of clinician implicit bias on patients. *Patient Education and Counseling*, 100(2), 372–376. doi: 10.1016/j.pec.2016.09.005

Burgess, D., Ryn, M. V., Dovidio, J., & Saha, S. (2007). Reducing racial bias among health care providers: Lessons from social-cognitive psychology. *Journal of General Internal Medicine*, 22(6), 882–887. doi: 10.1007/s11606-007-0160-1

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of Experimental Social Psychology*, 48(6), 1267-1278. doi:10.1016/j.jesp.2012.06.00

Dovidio, J. F., & Fiske, S. T. (2012). Under the radar: How unexamined biases in decision-making processes in clinical interactions can contribute to health care disparities. American Journal of Public Health, 102(5), 945–952. doi: 10.2105/ajph.2011.300601 Conscious & unconscious biases in health care. (n.d.). Georgetown University National Center for Cultural Competence. https://nccc.georgetown.edu/bias/module-4/2.php

Kirwan Institute for the Study of Race and Ethnicity at the Ohio State University. (2015) *Understanding Implicit Bias*. Retrieved from http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/

Narayan, M. C. (2019). Addressing implicit bias in nursing: A review. *The American Journal of Nursing*, 119(7), 36-42. doi: 10.1097/01.NAJ.0000569340.27659.5a







# **RESPECT Model**

What is most important when you engage with patients is that you remain open and maintain a sense of respect for your patients. The RESPECT model can help you remember what factors to consider to engage clients in a culturally and linguistically competent manner. These factors are important throughout assessment, diagnosis, and treatment.

Respect	Understand how respect is shown within given cultural groups. Counselors demonstrate this attitude through verbal and nonverbal communications.
Explanatory Model	Devote time in treatment to understanding how clients perceive their presenting problems. What are their views about their own substance abuse or mental symptoms? How do they explain the origin of current problems? How similar or different is the counselor's perspective?
Sociocultural Context	Recognize how class, race, ethnicity, gender, education, socioeconomic status, sexual and gender orientation, immigrant status, community, family, gender roles, and so forth affect care.
Power	Acknowledge the power differential between clients and counselors.
Empathy	Express, verbally and nonverbally, the significance of each client's concerns so that he or she feels understood by the counselor.
Concerns and Fears	Elicit clients' concerns and apprehensions regarding help-seeking behavior and initiation of treatment
Therapeutic alliance, Trust	Commit to behaviors that enhance the therapeutic relationship; recognize that trust is not inherent but must be earned by counselors. Recognize that self-disclosure may be difficult for some patients; consciously work to establish trust.

### Source:

Mutha, S., Allen, C. & Welch, M. (2002). Toward culturally competent care: A toolbox for teaching communication strategies. San Francisco, CA: Center for Health Professions, University of California, San Francisco.







# Effective cross-cultural communication skills

lmpro	ve your cultural and linguistic appropriateness
	Understand that improving cultural and linguistic appropriateness is an ongoing journey!
	Understand the role that your culture plays in your interactions and delivery of care
	Understand the role culture plays in health beliefs and behaviors
	Become knowledgeable about the backgrounds of the individuals you serve
	Be aware of language differences, and offer language assistance services
	Build trust and rapport with the individuals you serve to facilitate learning about their needs,
	values, and preferences
	Be aware that some individuals may use various terms to describe medical issues (e.g., "sugar"
	for diabetes)
	Be aware of barriers that can arise when expressions, idioms, or multi-meaning words are used
	(even if you and your patient both speak the same language)
	Ask questions!
Do no	ot make assumptions
	Use simple language. Avoid medical and healthcare jargon. Do not assume you know an individual's literacy and health literacy levels
	Check understanding and encourage questions. Do not assume an individual understood what
	you communicated
П	Adopt a positive, curious, nonjudgmental approach toward all individuals. Do not assign
	meaning to an individual's nonverbal communication cues.
Unde	rstand and recognize differences in communication styles

☐ Appreciate how your communication preferences and style may differ from others'

□ Tailor your communication so that your patients can better understand you

the role of various family members) differ across cultures

□ Understand how communication styles (e.g., nonverbal communication cues) and norms (e.g.,







#### Sources:

Epstein, R. M., & Street, R. L. (2007). Effective communication in cancer care: Promoting healing and reducing suffering. [NIH Publication No. 07-6225 ed.]. Bethesda, MD: National Cancer Institute.

Hall, E.T. (1976). Beyond culture. New York: Doubleday.

Hall, E.T. (1990). Hidden differences. New York: Doubleday.

Teal, C.R. & Street, R.L. (2009). Critical elements of culturally competent communication in the medical encounter: A review and model. *Social Science & Medicine*, 68, 533-543.

Ing-Toomey, S. (1999). Communicating across cultures. New York, NY: Guilford Press. Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d-200d-7 (1964).





