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INSTRUCTOR'S GUIDE

# Cultural Competence and Health



First Edition, 2006



California Childcare Health Program  
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This *Instructor's Guide* is a supplement for trainers of the California Training Institute's curriculum for Child Care Health Advocates.

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# INTRODUCTION TO THE CULTURAL COMPETENCE AND HEALTH MODULE

This *Instructor's Guide* will provide trainers with an outline for the teaching of the *Cultural Competence and Health* module. Participants will increase their understanding of the importance of cultural competence and learn about the ways that they can, as Child Care Health Advocates (CCHAs), improve their sensitivity to and understanding of people from other cultures. Participants will learn the components of cultural competence and the ways to put them into practice. As CCHAs, they play a critical role in increasing the ability of staff to sensitively respond to the needs of diverse cultures.

## Learning Objectives:

1. To define cultural competence.
2. To describe why it is important for early care and education (ECE) professionals to be able to serve families with different values, beliefs, customs and behaviors in a culturally competent manner.
3. To identify three ways a CCHA can assist ECE programs in developing and maintaining cultural competence.

## Primary Messages:

1. California is uniquely diverse in race, language, family and workforce characteristics.
2. ECE settings provide a dynamic intersection for honoring cultural differences using specific ECE resources.
3. For CCHAs, culturally competent practice requires that they learn about other cultures, their own cultures and ways to negotiate cultural differences in their work with children, families and other staff.
4. Developing cultural competence is an ongoing, lifelong process.
5. Racial and ethnic diversity is an important factor in health status and access to health care.

## Materials and Equipment Needed:

1. Copy of module: *Cultural Competence and Health*
2. Copy of *Instructor's Guide: Cultural Competence and Health*
3. Flip chart/whiteboard and markers, or chalkboard and chalk
4. Masking tape for posting flip chart paper
5. LCD projector or overhead projector
6. Computer for PowerPoint slides
7. CDs of slides or transparencies
8. Handouts
  - a. Handouts in the *Cultural Competence and Health* module (these handouts are from sources other than the California Childcare Health Program [CCHP], Oakland, CA)

Handout Title	Page Number in Module
<i>Ages and Stages of Racial/Ethnic Identity Development</i>	21
<i>Head Start Multicultural Principles</i>	23
<i>Self-Assessment Checklist for Personnel Providing Services and Support to Children and Their Families</i>	25
<i>When Parents and Staff Disagree over Caregiving Routines, by Janet Gonzalez-Mena, from PITC (Program for Infant/Toddler Caregivers), Training Module IV, "Dealing with Differences" (1997)</i>	29

- b. Handouts in the *Instructor's Guide*

Appendix Title	Appendix Number
<i>Using the Cultural Competence and Health Module</i>	4A

## SUGGESTED TRAINING OUTLINE

Outline	Method	Time (Minutes)
I. Introduction to the Cultural Competence and Health Module	—	15–20
A. Assessment of Group Knowledge	Questioning	5
B. Introduction/Rationale to Cultural Competence and Health	Lecture	5
C. The Role of the CCHA in Promoting Cultural Competence and Health	Lecture and Discussion	5
<i>D. Optional: Diversity in California</i>	<i>Lecture and Discussion</i>	5
II. Cultural Competence in the ECE Setting	—	10
A. Culture and the ECE Setting	Lecture and Discussion	5
B. The Culture and Health Connection	Lecture	5
III. The Role of the CCHA in Promoting Cultural Competence	—	55–75
A. Cultural Competence in the CCHA	Lecture	5
B. Family Practices and Attitudes	Small Group Activity	10
C. Self-Assessment Checklist	Individual Activity and Discussion	20
D. Cultural Scenarios	Lecture and Small Group Activity	20
<i>E. Optional: When Parents and Staff Disagree</i>	<i>Handout Review and Discussion</i>	20
IV. Summary and Closure	—	10–20
<i>A. Optional: Using the Cultural Competence and Health Module</i>	<i>Small Group Activity</i>	10
B. Next Steps for the CCHA	Large Group Discussion	5
C. Summary and Closure	Brief Closing Activity	5

Total time: 90–125 minutes

# OUTLINE AND INSTRUCTIONS

## Cultural Competence and Health

### I. Introduction to the Cultural Competence and Health Module

#### A. **Topic:** Assessment of Group Knowledge

**Method:** Questioning

**Instructions:**

1. Ask participants several of the following questions, choosing questions most appropriate for your participants. Ask them to raise their hand if they:
  - Are currently in the role of the CCHA.
  - Know the definition of cultural competence.
  - Work with families from different cultures.
  - Focus on different approaches for different people.
2. Ask participants to state some activities that they are presently engaged in that include or respond to the needs of diverse cultures.

#### B. **Topic:** Introduction/Rationale to Cultural Competence and Health

**Method:** Lecture

**Instructions:**

1. Give participants the following information:
  - a. Diversity in California: There are many different cultures and ethnic groups in California. Therefore, ECE professionals are faced with the challenge of providing care and assistance to children and families from diverse backgrounds. To provide quality care to all children and to prevent discrimination, ECE providers need to have knowledge, skills and self-awareness. Providers need to understand the impact that different cultural, ethnic, social and environmental factors have on children from different backgrounds. Culture plays a role in perceptions, attitudes and behaviors, and this affects most everything that people do, including caring for children.
  - b. Culture and the ECE Setting: It is especially important for ECE providers to possess awareness and competence, because culture is a significant factor in both how families raise children and in how ECE providers care for them. ECE providers need to be aware of how cultural differences in parents' beliefs and practices may affect how children behave, how young children adjust to ECE programs, how parents care for their children, how children respond to ECE providers, how ECE staff and parents communicate with each other, and how issues get resolved.
  - c. Culture and Health: Cultures vary in their beliefs about the cause, prevention and treatment of illness and in their beliefs about childrearing. These beliefs influence peoples' practices for staying healthy or for treating illnesses. Cultural beliefs may also delay or prevent people from getting access to health services. CCHAs working in ECE programs have an excellent opportunity to educate ECE providers, children and their families about issues related to health and culture.

C. **Topic:** The Role of the CCHA in Promoting Cultural Competence and Health

**Method:** Lecture and Discussion

**Instructions:**

1. Open the discussion by stating that ECE providers in California are on the frontline of cross-cultural work.
2. Ask participants to go around the room and describe the cultures and the diversity in their own settings.
3. Briefly state that it is the role of the CCHA to:
  - a. Promote cultural competence in the ECE setting by setting up programs that enable staff to learn about the cultures and families they serve.
  - b. Understand the impact of culture on the ECE setting.
  - c. Model culturally sensitive behavior.
  - d. Ensure that materials and communications are available in the languages spoken by the families served by the ECE program.
  - e. Provide developmentally appropriate books about topics related to culture for the children served by the ECE program.
  - f. Encourage representation of all cultural groups on all committees and boards.
4. State that families will appreciate the effort made by a CCHA to understand their cultural backgrounds.

D. **Optional Topic:** *Diversity in California*

**Method:** *Lecture and Discussion*

**Instructions:**

1. *Give participants information about California's changing population (refer to page 2 of the module). Review the diversity of the student population in California (refer to page 2 of the module). Review the top 10 languages of English-learner students in California public schools (refer to page 3 of the module).*
2. *Discuss all the ways that families and the workforce can be diverse (e.g., immigrants; people with limited English, different religious beliefs and/or sexual orientation).*
3. *Transition by stating that because of all this diversity, ECE providers need to be aware of the ways that they can work effectively with diverse staff.*

II. Cultural Competence in the ECE Setting

A. **Topic:** Culture and the ECE Setting

**Method:** Lecture and Discussion

**Instructions:**

1. Ask participants how they see culture manifesting itself in the ECE setting. You can prompt them with the following cues: Staff beliefs? Parent beliefs? Staff behavior? Child behavior? Parent behavior? Conflicts? Ask participants if staff in their program come from backgrounds that are the same as or different from those of the families they serve. Are there cultural differences between staff members? Between families?
2. State that the ECE setting provides a unique environment in which adults and children alike can learn about and honor differences. Ask staff to describe how this takes place in their setting. State that there are many resources for such practices (refer participants to pages 3 to 4 of the module).

3. Issues Unique to the ECE Setting: State that there are many issues that may arise in the ECE setting, as participants are well aware. CCHAs may be asked to help work through some of these issues. Culture influences beliefs about:
  - a. Causes and treatment of illness.
  - b. Causes and responses to disability. Some families may be unfamiliar with early intervention.
  - c. Behavior and behavior problems.
  - d. Immunization practices.
  - e. Childrearing practices (e.g., eating/feeding/nutrition, toileting, discipline). It is important to understand that there are historical and cultural reasons for these practices.
4. State that discussions should be based on mutual respect, an understanding of the perspective of the other person and the provision of information about child development, safety, health and any legal information where appropriate.

**B. Topic:** The Culture and Health Connection

**Method:** Lecture

**Instructions:**

1. Ask participants to think for a moment about how race and ethnic background may affect health. Racial and ethnic background is an important factor in health and access to health care. Many racial and ethnic groups have higher levels of diseases, disabilities and deaths than the White populations. Many populations are more likely to suffer from poor health and illness than others. Other differences relate to access to both health care and education. For example, children in immigrant families are less likely to have health insurance and to attend preschool (Children Now, 2004). CCHAs should understand the differences in health status and the underlying factors for poor health in children and families of racial and ethnic minorities.
2. Review the differences in health status of racial and ethnic groups (page 4 in module).
3. Review the underlying factors that may cause these racial and ethnic differences (page 4 in module).
4. Ask for additional contributions from participants.

**III. The Role of the CCHA in Promoting Cultural Competence**

**A. Topic:** Cultural Competence in the CCHA

**Method:** Lecture

**Instructions:**

1. Define cultural competence:
  - a. The four essential elements of cultural competence are (Hepburn, 2004):
    - i. Value, accept and respect diversity.
    - ii. Have the capacity, commitment and systems in place for cultural self-assessment.
    - iii. Be aware of the dynamics that occur when cultures interact.
    - iv. Adapt to make room for diversity.
2. State that there are three approaches that CCHAs can use to increase their own cultural competence:
  - a. Learn about oneself.



- b. Learn about other cultures.
  - c. Negotiate cultural differences.
3. State that the group will now engage in activities that encompass all the elements of culturally competent practice and that encompass the three ways that one can increase one's cultural competence.

**B. Topic:** Family Practices and Attitudes

**Method:** Small Group Activity

**Instructions:**

1. State that participants will now have an opportunity to practice the three approaches for increasing cultural competence. They will start by practicing the first of the three approaches: learning about oneself. State that there is a diversity of experience in this room because everyone comes from a unique family. Even when there are cultural similarities, life experiences may be different. In addition, cultural practices may stay the same over time or they may change. Explain that this next activity allows participants to examine together many different aspects of culture, and how they compare and contrast. State that participants may see tremendous variation in experiences, attitudes and practices, and there is no right or wrong answer.
2. Divide participants into small groups. Refer participants to *Activity 1* on page 9 of the module. Ask them to fill out this handout as individuals. When they are done, ask them to talk about their answers with others in their group.
3. Return to the large group. Debrief:
  - a. Ask participants to make some general statements about observations (e.g., “everyone was raised with similar attitudes toward different cultural or ethnic groups,” “everyone was raised with similar disciplinary practices,” “the food we ate was completely different for everyone”).
  - b. Ask participants to discuss the areas where greatest changes in practices and attitudes have taken place.

**C. Topic:** Self-Assessment Checklist

**Method:** Individual Activity and Discussion

**Instructions:**

1. State that this activity enables participants to think about their own perceptions, assumptions and behaviors—and this increases self-awareness (which is the first of the three approaches). State that self-awareness is a foundation for cultural competence. Introduce this next activity as one that is designed to help participants think about themselves and their own backgrounds. As a result, participants are not obligated to share their answers. Refer participants to *Handout: Self-Assessment Checklist for Personnel Providing Services and Support to Children and Their Families* (page 25 in module). Instruct participants to go through each question and answer.
2. State that, based on experience, you know that most participants write “c” at least once, if not more often. Ask participants what they think would be effective strategies for helping staff improve their practices so that the behaviors marked “c” could occur more frequently.

**D. Topic:** Cultural Scenarios

**Method:** Lecture and Small Group Activity

**Instructions:**

1. State that the next activity enables participants to practice both the second and third approaches. Introduce the mnemonic LEARN:
  - a. L: Listen with sympathy and understanding to the person's perception of the problem.
  - b. E: Explain your perceptions of the problem.
  - c. A: Acknowledge and discuss the differences and similarities.
  - d. R: Recommend a solution.
  - e. N: Negotiate an agreement.
2. Refer to *Activity 3* on page 12 of the module. Ask participants to divide into groups and apply the LEARN guidelines to the scenarios there.

**E. Optional Topic:** *When Parents and Staff Disagree*

**Method:** *Handout Review and Discussion*

**Instructions:**

1. *State that this next activity relates to the third approach, negotiating cultural differences.*
2. *Have participants read Handout: When Parents and Staff Disagree over Caregiving Routines by Janet Gonzalez-Mena (page 29 in module).*
3. *Review the types of outcomes of conflict and sensitive ways to handle conflict:*
  - a. *The types of outcomes are:*
    - i. *Resolution through mutual understanding and negotiation. Both parties give a little or a lot.*
    - ii. *Resolution through caregiver education. The caregiver sees the parent's perspective and changes.*
    - iii. *Resolution through parent education. The parent sees the caregiver's perspective and changes.*
    - iv. *No resolution. No one changes and the conflict continues. Bad feelings continue or worsen.*
    - v. *The conflict is handled in a respectful way. State that even if the conflict is not resolved, it can be managed in such a way that it is tolerable, without the escalation of negative feelings. Review and discuss the list of possibilities on pages 31 to 32 of this handout.*
  - b. *Ask participants:*
    - i. *Which outcomes would you like to ideally see when there is conflict, possibly due to cultural differences between the provider and the family?*
    - ii. *How would you ideally like to see conflict resolved?*
    - iii. *What skills would you like to develop in yourself in order to have the outcomes you desire?*

**If you have experienced CCHAs in the room, do one or more of the following:**

1. Group them in separate groups and ask them to share with each other their successes and challenges related to negotiating cultural differences.
2. Ask them to discuss the ways they have learned about other cultures.
3. Ask them to describe the ways they honor diverse cultures in their curriculum.
4. Pair them up with nonexperienced participants and instruct the nonexperienced to ask questions of the experienced CCHAs.

IV. Summary and Closure

*A. **Optional Topic:** Using the Cultural Competence and Health Module*

**Method:** Small Group Activity

**Instructions:**

1. *Explain to the participants that the curriculum is a rich resource for them and encourage them to become familiar with it. Towards this end, spend a few minutes looking through it together. Explain that participants will work in pairs to go through the module to find the answers to these questions.*
2. *Hand out Appendix 4A. Tell the participants they have 5 to 10 minutes to locate the answers.*
3. *Note to Trainer: Participants may feel that this is “busy work.” Let them know that our goal is to use our time today to give them new tools and resources, and the curriculum is one such resource. Explain that becoming familiar with the curriculum is one way to help them determine how they will improve quality in their setting.*

**B. Topic:** Next Steps for the CCHA

**Method:** Large Group Discussion

**Instructions:**

1. Review the CCHA's role. State that now that participants have learned about cultural competence in the ECE setting, their work is just beginning. Becoming culturally competent is an ongoing process. The CCHA works simultaneously on improving him or herself and on improving the ECE setting, so that relationships, activities and programs are responsive to the needs of diverse staff and families. Direct participants to think for a moment about the areas in their ECE setting that need attention in order to be more responsive and culturally sensitive. Direct participants to list these, as the instructor charts them on paper for everyone to see.

**C. Topic:** Summary and Closure

**Method:** Brief Closing Activity

**Instructions:**

1. Summarize the key points shared by participants. Review the components of cultural competence in the ECE setting.
2. **Next Steps:** Direct participants to write down one thing they will do first to improve their own self-awareness, to improve their knowledge of others or to help their ECE program negotiate differences that arise. Ask participants to share this with the group.

# APPENDIX 4A

## Using the Cultural Competence and Health Module

**Topic:** Using the Cultural Competence and Health Module

**Method:** Small Group Activity

**Instructions:** Review the module and find the answers to the following questions.

According to the module:

1. What are the Head Start Multicultural Principles?
2. In the development of cultural competence, why is it important to begin with learning about oneself?
3. What are the national standards that relate to cultural competence and health?
4. What are the ages and stages of racial/ethnic identity development?