**Linguistic Competence: a strategy to address service inequities in Prevention**

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As we begin to celebrate Hispanic Heritage Month (September 15-October15) we are reminded of the tremendous growth of Hispanic/Latinx communities throughout the United States. Many advances have been made, yet great inequity in the accessibility, availability and affordability of cultural and linguistically appropriate service still exists. Efforts to improve immigrants’ health and wellbeing by strengthening their communities will not only benefit these communities but our country as a whole. One way to do that is to increase language access to improve the cultural competency of services and begin to address health equity and disparities.

The capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions is called health literacy. Cultural literacy, on the other hand, is the ability to converse fluently in the idioms, allusions and informal methods of a given culture or across different cultures. Cross-cultural communication problems may cause or exacerbate health inequities. An important component of cultural competence is linguistic competency.

Culture can be defined as the integrated pattern of human behavior that includes the thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, social, or other group (United Nations Education, Scientific, and Cultural Organization, 2010). Culture is typically described as the totality of learned behaviors of a people that emerges from their interpersonal interactions. Culture provides people with a framework to understand identity, beliefs, values, and behavior, for example, in the realm of health. Issues may arise when humans interact across culture, but without sufficient knowledge of one’s or the other person’s culture.

Language can be defined as the words, their pronunciation, and the methods of combining them used and understood by a community. As language is key to communication, language competency includes the issues of fluency, bilingual staff or translators, and having all available information in multiple languages to ensure that clients can read and comprehend the material. Language issues for prevention programs include translation, interpretation and services provided in languages other than English. Translation is the conversion of written texts from one language to another. Key to translation is accuracy, reading level and both literal and conceptual equivalence. Interpreting is the re-expression of spoken messages in spoken form in a second language. Key to interpreting is the skill, fluency, speed and comprehension of the interpreter to accurately convey what the client and provider intend to say.

Delivering prevention programming in another language is a complex and intensive process that involves both technical language skills and programmatic/theoretical skills of a given profession.

Language issues can deal with accents or dialects that make communication difficult. For most minority groups and immigrants, discussion of cultural dynamics in prevention programs cannot take place without consideration of the ways in which language intersects with issues of poverty and equity, including access to and utilization of care, expressions of individual and institutional racism, and a lack of language competence on the part of providers and programs.

For Latino and other immigrants with limited English proficiency, the lack of same-language and culturally competent prevention services can have life-threatening consequences. Imagine not having the knowledge to support your children’s decision to not drink before age 21; or to help your children understand the dangers of vaping.

Awareness or tolerance of other cultures is not the same as cultural competence. Cultural awareness is the sensitivity and understanding toward individuals from different ethnic, racial and cultural backgrounds. Cultural competence goes beyond cultural awareness and sensitivity and involves comprehensively understanding and respecting the scope of a person’s cultural values, beliefs and practices about things such as health and health care, family, and spirituality.

There are several key variables that minorities and immigrants share when deciding whether or not to access prevention services. These variables include their ability to understand what a prevention practice or service is, how they communicate, how they view risk and protective factors, the type of coping they used, the range of family and community support, and their willingness to allow their children to participate. Common barriers that might prevent these clients from participating include racism and discrimination, economic impoverishment, mistrust, fear, and environmental factors such as lack of access to transportation and childcare. Culture impacts the client’s perception of what is traumatic or a crisis, how trauma is or is not expressed, and how members of the culture view and appraise their response to trauma or crisis.

Organizations that succeed in building programs to successfully serve immigrants and those with limited English proficiency are those that place cultural and linguistic competence as a priority that includes dedicating fiscal and human resources specifically allocated for their function on an ongoing basis.

These organizations follow a community-centered approach to prevention services for immigrant communities that needs to include the active engagement of many different sectors, the role of local leadership, and important policy changes at the local, state, and federal levels. Three policy issues that must be address are: 1) Linguistic access; 2) workforce development of bilingual and bi-cultural personnel, and 3) Evidence Based and Promising practices and services that are proven to be effective in Latinx communities. Other policy issues include economic and community development, housing, transportation, and public education.

Recommendations for implementing a culturally and linguistically appropriate system include articulating, developing and enforcing cultural and linguistic competence in service delivery; promoting prevention education and awareness in immigrant communities; assess and reduce systemic barriers (e.g., transportation and documentation); and increasing the number of certified prevention professionals and staff who are linguistically and culturally skilled to work with members of other cultures.

These recommendations entail actively recruiting and retaining staff members who speak targeted languages and/or reflect the cultural diversity of the community served, helping those individuals become certified preventionists, providing bilingual providers for clients with limited English proficiency, providing cultural competency training for all behavioral health providers and staff, ensuring the creation and use of linguistically and culturally appropriate education materials, and ensuring that the physical environment of prevention programs is reflective and inclusive of different cultures.

Unless we address some of the most challenging conditions facing immigrant communities in a culturally and linguistically appropriate manner, we risk facing significant social, economic, and health costs.

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