

Presentation to Grantmakers Concerned about Immigrants and Refugees, Chicago

By Thomas D. Lonner, Ph.D.

What I hope to convey in this presentation is that:

- ◆ The cultural challenges to health care and other human services are real and apply to everyone
- ◆ Cultural issues must be resolved if the preceding investments in health care technology and personnel are to be fully rationalized
- ◆ The conceptual and practical issues of making cultural and linguistic advances can be managed
- ◆ Local solutions for local communities, populations, and organizations are best
- ◆ The solutions are affordable
- ◆ The outcomes of new solutions can be assessed
- ◆ Organizational advances require sound management leadership, structures, practices, focus, and continuity

I am going to talk about making advances in cultural and linguistic competency in human services programs, drawn largely from my work in the health care industry. However, I suggest that the issues and principles apply across all human services and their underlying funding. I am going to suggest to you that cultural and linguistic competencies are a good idea. In fact, a great idea. Or, at the very least, a necessary idea.

So, why aren't they happening generally or universally? It must be somebody's fault. Let us find that person and have a serious talk, right?

The need for these competencies is not a new idea; they didn't become noticed only because of the changing demographics of this country, some unusual wave of refugees and immigrants. These competencies have been written about in detail and depth for 30 years in the disciplines of medicine (Harwood), nursing (Leininger), mental health (Cross and Mason), and social work (Pinderhughes). They exist also in law, education, and in the other disciplines dealing with society. They exist because, having invited new nationalities and cultures to America, we discovered that our social institutions, charged with doing something important for them and us, were, in fact, failing.

Some of the best work has been done 30 years ago, in some big books. And we are still writing books on this subject. Look, I wrote one myself, hot off the press in 2000. 392

pages closely reasoned pages. My sponsor, the Robert Wood Johnson Center for Health Care Strategies, was kind enough to call it the bible of organizational cultural competence in health care. And I didn't come close to exhausting the topic.

We continue to write better, longer, more detailed laundry-lists of things that policymakers, institutions, funders, educators, and providers are to do. These appear like a la carte menus, where organizations can choose some items and not others, engage in partial implementation of such services as interpretation, pursue mechanical, checklist compliance rather than organic solutions to the challenge, delegate away the challenge to the lowest-level staff, and avoid the real task of integrated cultural change.

Conferences are held. Trainings are conducted. Laws are passed. Regulations are promulgated. Standards are adopted. Contracts are amended.

And we continue to debate and refine the definition of cultural competence, when any one of a dozen would suffice to make profound changes. And we continue to spawn assessment tools, when any one of a dozen would suffice. Too often, we critique each other or some "they" out there that simply refuses to become culturally competent. We become overheated, angry, polemical, and romantic in our discourse, trying to find some way to convince others of the rightness of our views, as if progress rested uniquely on our powers of persuasion.

Usually, when we start a discussion like this, we define what culture and culturally and linguistically appropriate service (CLAS) attributes are, why they are important in the grand scheme of things, how one goes about developing them, and how to overcome obstacles. But we don't have a week together, only a very few hours, so I would like to change the order of discussion to this:

- ◆ Why CLAS cannot be done in real-life organizations and systems
- ◆ Why CLAS must be done, regardless
- ◆ The need to start and where to start
- ◆ Some, but not all, guiding principles

[the balance of this large presentation is available on request]