

ROUGH DRAFT FORMAT
NATIONAL CENTER FOR HEARING ASSESSMENT AND MANAGEMENT
CULTURAL CONSIDERATIONS WORKING WITH CLD FAMILIES

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>> ALEX MEIBOS: So those who are joining us we want to welcome you to today's webinar. Before we begin, just to get to know you a little bit, I'm going to put up a little poll just to say a little bit about your profession and what kind of brings you here to the webinar with us, so we can best direct our presentation to you today.

>> ALEX MEIBOS: Okay, thanks to those who have responded to that little poll about your background. We're going to start in about five minutes and when you hear the recording session begin, that's when we'll begin today's webinar. For those just joining us, if you would like to participate in the poll, that will help us direct some of our presentation directly to you in your background in working with children with hearing loss. Thank you for being with us today.

>> ALEX MEIBOS: Good day, everyone.

My name is Alex Meibos.

I'd like to welcome you to today's heartolearn.org webinar brought to you by the National Center for Hearing Assessment & Management at Utah State University.

Today's presentation is entitled: "Cultural Considerations working with Culturally and Linguistically Diverse Families,"

which will be presented by Dr. Lucero and Caballero, both which work here in the program and the Deaf Education Learning program as well.

At the conclusion of the presentation, I will be opening a text field for you to submit any questions or comments you may have for our presenter. I would like to welcome Dr. Lucero and Dr. Caballero and thank them for being with us today.

>> Thank you, Alex and thank you to everyone who may be listening. This presentation today is a modified or shorter version of what Ana and I presented at the EHDI conference in March, which was more specific to family education programs, but what we will speak about today can be applied across many settings, such as the clinic, classrooms and interventions. So, at the end of this webinar, it is our goal that participants will be able to define cultural competence, understand the importance of implementing cultural competency into your daily practice, and to also be able to identify strategies for increasing cultural competence.

>> ANA CABALLERO: So let's start by defining what cultural competence is. Basically, a simple way of saying it is the ability to think, feel and act in ways that acknowledge, respect and build upon ethnic, sociocultural and linguistic diversity.

So now we ask the question: Why do we consider this cultural competence is important? And I want to talk about different facts and different numbers, different values, different cultural aspects related to the Hispanic population, specifically related to them, but later we're going to be talking a little more in general to different CLDs. Let's talk first about the Hispanic population in the United States. So just as a little reminder, it's a very diverse population. It's expected to reach around 106 million in 2050. Over the last years from 2000 to 2010 there has been an increase by over 40%. And it's expected -- right now it's almost at around 16% total of the U.S. population, and approximately 75% of these individuals report Spanish as their primary use language at home.

As I mentioned before, it is estimated that this Hispanic population in the United States will keep growing. So in order to effectively support families in a culturally sensitive manner, we have to have a better understanding on what is needed related to the experiences that these families have when receiving the diagnosis of hearing loss in one of their childs.

A recent study, as you can see here, according to ASHA, according to the joint committee on hearing., what we want to provide to these families have to be family-centered, culturally sensitive, and being able to provide the same quality and quantity of the services we provide compared to the majority culture.

However, in order to reach to those -- to that delivery model, to that service delivery model, there are certain aspects that we also need to consider. For example, when I mention about aspects or factors, I just want to always remember -- remind you guys that we are not expecting to create a stereotype, but this has very common factors happening in the majority of the Hispanic community nowadays.

So literacy. When we talk about literacy, a large percentage of immigrants or this population has lower educational levels, access to services, it's a little bit complicated if

they don't have insurance, and also the way services work in the United States, it's completely different in the way they work in countries like Latin American countries, for example, so this might be a new thing for them.

The same thing with language barriers, socioeconomic status. If we consider all of those factors plus some of the cultural values that are part of this community, such as fatalism, familism and respect, we take into consideration all of these factors, we can provide or improve the quality of the services or the model we're providing to this community. Even though there are differences that exist among families, there are some common shared values within the Hispanic culture that may be helpful to consider when we're providing, in this case, audiological services to this population. Let's talk about the three most important values, familism or also called familismo, a cultural value that results in the extended family playing an important role in treatment decisions. The other value is personalism, which is basically that close relationship that takes priority over schedules or rules facilitated in the report provided between the provider and client. This is the ability to get closer to some of these patients and really caring about their needs and their feelings and their emotions. And then the other value that is super important to remember is the fatalism, or fatalismo, that can be an important value especially because this represents the perspective. It basically represents their belief about why they have a child with a disability. In this case, with a hearing loss. So we need to explore, how are they feeling? How are they doing with these values in order to provide treatment or to just get to common goals.

So here, I really like this picture, because basically this is the way, if you just want to analyze it, the American culture, basically the major goal is to have a child with a disability to be part of the normal society. So, basically, it's that full integration rather than exclusion to a lot of activities happening compared to the Hispanic culture, which we have what is called this paternalistic attitude, which is the fact that Hispanic families tend to over-protect and paternalize their children with a disability. Even when there is that interest from the child to become independent, there's always the fact that parents want to over protect them.

And then there is that strong community stigma associated with a disability. With hearing loss, the main problem is the fact there is not a lot of information. Hearing loss is considered a disability that we as a culture don't really know a lot. So they're always kind of different stigma related to it and most -- one of the most common ones is the fact that a child with hearing loss may also have some intellectual disabilities or other disabilities related to it, which is something hard for the parents to confront the society.

So now we're going to move to what we consider, or based on a study from Steinberg in 2003 and 1997, there are some great articles. She reported on two different perspectives related to the family responses to deafness. One is seeing the mom's side. So you can see in the picture, the mom tends to be sad, hurt, shocked, frustrated, however, because she is basically the one in charge of the kids, she tends to learn how to accept and overcome the diagnosis faster than the dad. Compare to the father's reactions: Which is basically that feeling of sadness, isolation, not satisfied having a

child with a hearing loss, even they can become distant from the child and it takes longer for the father to accept and overcome a diagnosis of hearing loss, especially if it's a boy. So that's also something related to that cultural aspect of machismo.

This quote speaks to the importance of supporting CLD families as they adapt to their child's diagnosis in order to help them to learn how to best support their children. So a family's beliefs about what constitutes normality and about the causes and management of illness have significant implications for its adaptation to disability. Basically, here, the importance of this quote is that you have to find, as a provider, you need to be able to get close to this family to understand their beliefs related to that disability in order to come up with treatment solutions on a very respectful way but trying to adapt your goals to their goals to have those shared goals taken into consideration, those cultural values and those beliefs and attitudes to hearing loss.

>> RENEE LUCERO: So that brings us back to the question of why is cultural competence important. Cultural competence does help us to respond to the ongoing demographic changes in the United States that Ana referred to earlier. It also helps to eliminate disparities in the health status of people based on racial, ethnic and cultural backgrounds. Cultural competence is also important for improving the quality of services and health outcomes. And ultimately it is the law. It does help to meet legislative, regulatory and accreditation mandates.

Cultural competence helps to avoid biased perceptions that can negatively impact a professional's relationship with, and the expectations of caregivers and their children. If a professional has a deficit view of a Culturally and Linguistically Diverse or CLDs, family child bearing practices, of their parental involvement, of their language of the home, parental education and income level, this can all lead to judgments and disrespect that can, again, negatively influence decisions about the implementation of service provision for these families.

So while it is estimated that 13% of families living in the United States speak Spanish in the home as a primary language, according to ASHA, only 2.6% of audiologists and SLPs in the United States have reported being Spanish-English bilingual. It is important to consider this client-clinician mismatch as a challenge in service delivery to CLD families.

Teachers also are not as diverse. More than 80% of public school teachers identify as white. So in order to meet the needs of this growing population of CLD families or Hispanic families specifically, understanding the patient's attitudes, beliefs, and perceptions towards hearing loss is critical for professionals to develop strategies that are culturally sensitive and effective.

So this brings us to considerations for working with Culturally and Linguistically Diverse Families across a variety of settings, in the clinic, intervention settings, and also in the classroom. So based on the analytical framework that Anderson and colleagues used

to evaluate the effectiveness of the healthcare system interventions to increase cultural competence, there were five crucial components identified to develop cultural competency. And one of those elements emphasize the importance of using experienced interpreter services or bilingual providers that can help to alleviate the language barrier, as well as to function as cultural brokers. And cultural brokers being people who help the providers to understand the cultural differences. When there is a language barrier and patients cannot communicate appropriately with their providers, as well as providers not being aware of the cultural differences, the quality of the health services might be compromised.

And these are just considerations as well for educational practice. The information on this slide is more specific to components for improving cultural competence of Latino Parent Education Programs, but just as mentioned in the previous slide, these are ideas that could be implemented into general practice and interventions and in the classroom.

So important first steps are considering the importance of cultural competence to begin with. Recognizing that cultural competence is a process. And it is important to connect with local Latino communities and stakeholders. Which includes -- which means also including diverse voices in the development and implementation and evaluation of the programs.

This also means that professionals need to go beyond translation, and we'll talk about that a little more specifically in a later slide. And also the importance of providing ongoing training and mentoring the staff which relates to the earlier point of cultural competence being in the process.

So while there's lack of research looking specifically how to adapt not only family education programs of deaf and hard of hearing families who are CLD but also in practice in general, we do have other research coming out of Utah State that is reporting on the attitudes of Hispanic families, and this presents possible ways for improving collaboration of not only Hispanic families but also all CLD families. So when looking at the slide and consideration educational level and cultural values, it is important to provide information at an appropriate educational level and not only to the parent but also for the extended family members. When considering family income, it is important to provide information about funding resources and programs to obtain hearing devices and hearing services. When considering the language that is spoken at home or bilingualism in general, it is important to provide written resources in the native language and provide information about bilingualism. And then, finally, when considering the attitudes and perceptions of these families, and more specifically the stigma that tends to generally be attached to hearing loss, it is important to ask parents how they feel about the child's hearing loss and the use of hearing aids. Find out what is important to the parents and provide support to help them reach their goals. And then also provide support groups with appropriate native language resources.

So as mentioned in an earlier slide, self-awareness is an incredibly important first step to increasing one's cultural competence. It is important to understand your own

personal biases and the role that it plays in how you interact with families. And one way to address this or to start is with a Cultural Competence Checklist. And on the slide you can see a screenshot of the ASHA Cultural Competence Checklist, or at least one of them. There are three different forms. This one is the personal reflection, and the other two forms cover or discuss service delivery and policy and procedures.

So some examples of statements that you may be asked to reflect on are "I believe that it is acceptable to use a language other than English in the U.S.." Another statement is "I understand the difference between a communication disability and communication differences."

And also "I understand how culture can affect child rearing practices, such as discipline and toileting."

Next, professionals do need to consider ways to implement culturally responsive practices. As mentioned earlier, this means going beyond just translating handouts and having an interpreter. So one first step would be getting to know your families by using the interview -- an interview form, such as Ellen Rhoades caregiver intake interview, which you can see on the screenshot here. This could help you find out more about family values and daily practices in the home that you may be able to incorporate into your practice.

It is also important to use culturally appropriate practices, such as considering if your intervention or classroom or even clinic setting is reflective of your clients' or students' cultural values and practices. Considering things such as, do you have dolls that look like your clients? Does your snack time include foods that your client or student may eat at home? Do you read books that include images that look like your clients or students?

And finally, cultural congruence is finding a middle ground. So programs are more likely to fully engage parents. As Ana mentioned earlier, respect is a very important value in the Latino Hispanic culture. Parents may not necessarily agree with the positive reinforcement or ignoring quote/unquote mild misbehaviors, which could be considered talking back. So open discussion about how you both agree to handle this would lead to a much more positive interaction with the families.

It is easy to identify challenges that we may experience when working with Culturally and Linguistically Diverse Families, but to move forward with families that may come from different cultural backgrounds than your own, it is important to recognize the positive aspects of working with these families so that you can maximize those opportunities to engage families in meaningful ways.

On the last slide, these are the links to a couple of the resources that were referred to in this webinar. Please feel free to reach out to us if you have any difficulty locating these resources on your own. And I want to thank you for listening today.

>> ALEX MEIBOS: Okay, thank you Dr. Lucero and Dr. Caballero for your presentation. We now open it up to you, our viewers, if you have any questions or comments, just type them in on your computer where we can read them and address them one at a time.

We'll start out with one question: For parents in the United States, is there a federal type of resource where families can go to look for maybe a link to a state or a local resource in terms of accessing interpreting services that either of you are aware of?

>> I'm speaking directly to Ana, but I can't think of a specific link when it comes to state-by-state resources, but if you do need help locating them, if you do contact us, we would be more than happy to help you identify some online resources.

>> ANA CABALLERO: But I do believe in certain organizations you just need to request -- sometimes parents don't know that having an interpreter, it's a right that they have, and they don't have to pay for it. So that is maybe something we need to encourage families to always request no matter how -- sometimes they feel that by having an interpreter, some parents, because we need to see both sides, some parents feel that by having an interpreter we are kind of like saying their English proficiency isn't good enough. but at the same time we're just making sure and we need to clarify to them, to the patient, to the families, that just the fact of having an interpreter is just to help them understand a lot of the medical terminology, or a lot of different terms they may not relate to. And then going to the organizations, like we were talking a lot how to help organizations or institutions to become culturally competent. I think a suggestion for a lot of these places, especially private places, it's to always consider whenever you're writing grants or looking for budgets, to consider that having an interpreter on call is always a great idea. And so we can offer it to the families when they need that help or whenever they request it.

>> RENEE LUCERO: And Ana does bring up a good point, and I don't know why this slipped my mind, but, yes, especially if your child is attending a public school, it is very much within your right to always request an interpreter, not necessarily just for meetings, but, you know, parent-teacher conferences or even just being able to communicate with the school office staff, it is within your right to request an interpreter.

>> ALEX MEIBOS: All right, it doesn't look like any other questions have come through. We want to respect your time and thank you for your presence with us during today's webinar. If you do have any future questions, feel free to reach out to us at our website, heartolearn.org, and we would be happy to address any future concerns or questions you have from there. So, at the close of today's session, you'll be given the opportunity to complete a very brief survey that will help us improve future webinars. We, again, thank you for your participation and time and hope to see you back next month or future months for any future webinars. Thank you very much. Have a great week!