

# Cultural Competency: Working with Special Populations RPC-SPF SIG Cultural Competency Training

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# Introductions

- ▶ Name?
  - ▶ From where?
  - ▶ Doing what?
  - ▶ Why here?
- 

# Working Agreements

- ▶ Respect
  - ▶ Be open
  - ▶ Self-responsibility
  - ▶ Participate at your own comfort level
  - ▶ Take risks
  - ▶ Confidentiality
  - ▶ Practice good listening
  - ▶ “Ouch” rule
  - ▶ “Stretch” rule
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# Lessons Learned from Racism of the Well-Intended

- ▶ In small groups, please discuss the following:
    - What personal lessons did you take from yesterday's training?
    - What connection might they have to your becoming culturally competent with any special population?
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# COMPETENT CULTURE BROKERING

ALLIES CO-CREATING A CULTURE  
of RELATIONSHIP BUILDING VS.  
RELATIONSHIP DESTROYING



# CULTURE is

- ▶ Multi-Layered
  - ▶ Ethnic Culture
  - ▶ Living Culture in an Organization
  - ▶ Living Culture in a System
  - ▶ Community Historical Culture
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# COMPETENT CULTURE BROKERING

Each layer of culture impacts the capacity of an individual, family, community and organization to change and heal.

Developing a prACTice of paying attention to culture is a core competency of helping a change process.

It is helpful to explore our own awareness of culture.

1. What cultures do I belong to?
  2. What are the characteristics of these cultures?
  3. How do my cultures impact my way being in the world?
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# COMPETENT CULTURE BROKERING

As we seek and value relationships and ACTivities that give our lives purpose and meaning, we become more interested in connections with people, places and things whose values and principles are in sync with our own.

We seek values and *a principle-based culture* that encourages our creativity and success as individuals, families and communities and organizations.

# An Overview of Cultural Competence

**Cultural competence** refers to an ability to interact effectively with people of different cultures, particularly in the context of human resources, non-profit organizations human resources non-profit organizations and government agencies whose employees work with persons from different cultural/ethnic backgrounds.

# An Overview of Cultural Competence

Cultural competence comprises four components:

1. Awareness of one's own cultural worldview.
2. Attitude towards cultural differences.
3. Knowledge of different cultural practices and worldviews.
4. Cross-cultural skills.

# An Overview of Cultural Competence

Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

We must remember that cultural competence is

- a journey— not a destination;
- a process—not an event; and
- a process of *becoming* competent, not being culturally competent.

# Principles of Culturally Competent Care for Hispanic/Latino Families and Communities

- **Involve family members**

- Hispanic families traditionally emphasize interdependence over independence, and cooperation over competition.
- Family members are more likely to be involved in the care and decision-making process for a patient. Allow for several family and friends to participate in a consultation, and communicate with the group
- The patient may not be the key decision-maker for describing symptoms, deciding among treatment options, or complying with recommended treatment.
- Determine the matriarch and patriarch, and notice if the acculturated children or non-family members are the spokespeople.

# Principles of Culturally Competent Care for Hispanic/Latino Families and Communities

## Show respect

- Always be respectful, and explain without condescending.
- Health providers, as authority figures, need to take seriously the responsibility and *respeto* conferred on them by many Hispanic patients.
- One way Hispanics show respect is to avoid eye contact with authority figures. Do not misinterpret this respectful behavior as a sign of disinterest.
- Address elders in traditional ways (such as below eye level if you're younger than they are), and be mindful of parents and elders when an acculturated child or a health mediator is the spokesperson.
- The older Hispanic adult patient may terminate treatment if he or she perceives that respect is not being shown.

# Principles of Culturally Competent Care for Hispanic/Latino Families and Communities

- Hispanics typically prefer being closer to each other in space than non-Hispanic whites do. When non-Hispanic providers place themselves two feet or more distance away from their Hispanic patients, they may be perceived as not only physically distant but also uninterested and detached. Overcome such perceptions by sitting closer, leaning forward, giving a comforting pat on the shoulder, or other gestures that indicate an interest in the patient.
- Ask about their life (family, friends, and work) and share life stories and pictures. Converse with all of the family members present, but be respectful of gender.
- Do not give an impression of being too familiar, however. Make personal notes in medical records to cue other providers of family names or special events to discuss during another visit.

# Principles of Culturally Competent Care for Hispanic/Latino Families and Communities

- **Encourage the asking of questions**
- Out of a sense of *respeto*, many Hispanic patients will avoid disagreeing with or expressing doubts to their health care provider about the treatment they are receiving. They may be reluctant to ask questions or admit they are confused about instructions or treatment. There is a cultural taboo against expressing negative feelings directly. This taboo may manifest itself in a patient's withholding information, not following treatment orders, or terminating medical care.
- Take seriously the responsibility and *respeto* conferred on the provider by many Hispanic patients. Explain all procedures and treatments thoroughly, and ascertain through careful questioning whether the patient has fully understood all explanations and instructions.

# Principles of Culturally Competent Care for Hispanic/Latino Families and Communities

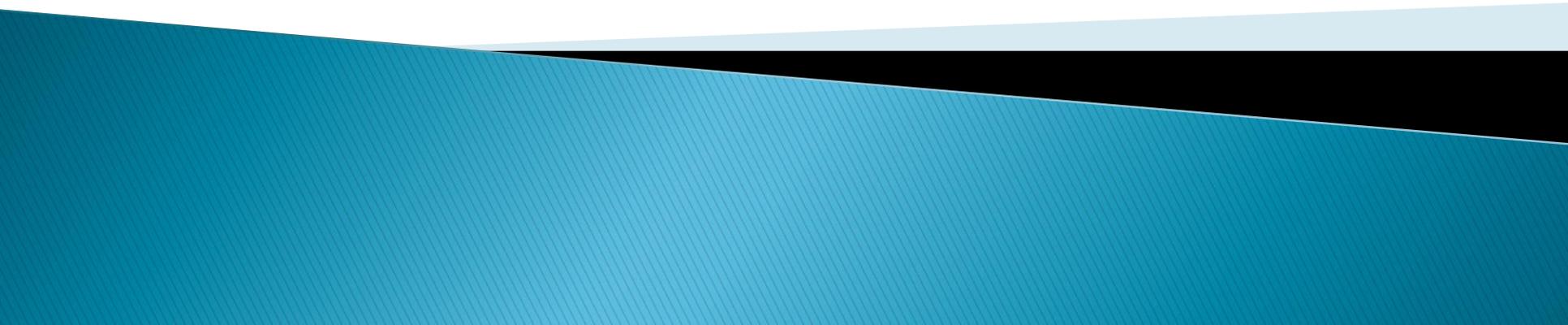
- Community-based organizations within Hispanics neighborhoods, *barrios*, *colonias*, and other ethnic enclaves provide a significant point of entry and opportunity to expand on any outreach effort you may be involved in.
- Remember the value of *personalismo*. Go to local leaders and ask for their opinions about what people in the community most need. Ask them who is already helping with that, and what outreach resources are available.

# Principles of Culturally Competent Care for Hispanic/Latino Families and Communities

- Ask for advice about who to work with. Don't assert your agenda, instead listen for the community's agenda—what people are asking for—and assign priorities based on their needs.
- Demonstrate a capacity and willingness to allow community priorities to guide care-related efforts.
- Providers and their organizations must earn the community's trust or *confianza* by reaching into the community through existing, respected groups; selecting culturally relevant media and/or materials to convey their messages; treating all members of extended families with understanding and respect.

# Principles of Culturally Competent Care for African-American Families and Communities

## Rethink the framework

- Ensure that all staff are culturally sensitive and competent.
  - Recognize that individual or community dysfunction may stem from the disruption, dislocation, or corruption of core cultural structures.
  - Enhance, strengthen, or rebuild critical cultural structures and knowledge in the individual and community.
  - Work to develop a broad understanding of the social and political contexts of the communities you are serving.
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# Principles of Culturally Competent Care for African-American Families and Communities

## **Redefine the concept of health**

- Apply the term “healthy” to the community environment as a whole, not simply to individuals.
- Redefine the vision of success to include success in the African-American community as well as success with individual clients.
- Focus on strengthening or rebuilding cultural structures within the “village,” and in particular on rebuilding cultural traditions founded in critical relationships, shared responsibilities, personal and institutional anchors, and a sense of joined destinies.

# Principles of Culturally Competent Care for African-American Families and Communities

## **Recognize the impact of the breakdown of cultural and social immune systems**

- The challenges that face an African-American community can weaken or overwhelm its immune system, making the community vulnerable to a variety of contagious or opportunistic “diseases,” such as drug abuse.
- As with a biological system, the need is not simply to “treat” the symptoms or even the “disease,” but to rebuild the capacity of the immune system (both individual and community).
- The goal is prevention, intervention, and treatment strategies that help maintain health and withstand future assaults.

# Principles of Culturally Competent Care for African-American Families and Communities

## **Commit to empowering rather than “fixing” people and communities**

- Being “problem free” is not the same as being prepared or empowered to live a purposeful or productive life.
- Help individuals and communities rebuild their vision of who they are and who they can become. Help them realize their capacity to take control of their lives and the circumstances they confront.
- Strengthen your clients’ sense of connectedness to African heritage and cultural traditions. In particular, help people to feel pride in who they are and the heritage from which they come.
- Help them make a commitment to the wellbeing of the entire African-American village.

# Principles of Culturally Competent Care for African-American Families and Communities

## **Celebrate cultural heritage and re-establish “the village”**

- The African proverb “it takes a whole village to raise a child” remains a potent metaphor for the personal relationships and social support systems necessary for the healthy growth and development of children, adults, and families.
- Engage in broadly collaborative efforts to reestablish that village concept in institutions and neighborhoods.
- This sense of place and of belonging is crucial for the healthy development of African-American individuals and families.

# Principles of Culturally Competent Care for African-American Families and Communities

## **Expand personal visions of possibilities**

- Help your clients focus on the future—what they can “become.” People who avoid destructive behaviors often have a sense of purpose or a vision of the future that they do not want to jeopardize.
- Create a sense of purpose and awareness of possibilities. Do not focus on a linear, logical discussion of the risks of destructive behaviors. Instead, involve the person or the community in experiencing new possibilities for the future. A rite of passage, for example, can be a meaningful journey of personal discovery, service to others, and connectedness to key institutions and support systems. It can also be an opportunity to develop a sense of being valued and embraced by the community.

# Principles of Culturally Competent Care for African-American Families and Communities

## **Watch out for potholes**

The pathway to developing culturally anchored services and strategies is neither simple nor linear. You will find many distractions, controversies, and frustrations along the way. Some common potholes include:

- cultural arrogance on the part of the client, the community, or the provider
- valuing color over competence
- putting survival of the organization ahead of integrity
- hiding behind racism
- believing that there is one, magical culturally anchored approach rather than a variety of principles, perspectives, knowledge, and understandings that apply in different situations.

# Principles of Culturally Competent Care for LGBTQ Youth

**L** stands for lesbians – women whose primary emotional, romantic, sexual, or affectional attractions are to other women.

**G** stands for gay men – men whose primary emotional, romantic, sexual, or affectional attractions are to other men.

**B** stands for bisexuals – men or women whose primary emotional, romantic, sexual, or affectional attractions are to both women and men.

**T** stands for transgendered – a broad term that includes cross-dressers, transsexuals, and people who live substantial portions of their lives as other than their birth gender. A transgendered person is someone whose gender identity and/or expression differ from conventional expectations for their physical birth sex. A transitioning transgender person is one who is modifying her or his physical characteristics and manner of expression to – in effect – satisfy the standards for membership in another gender. Transgender people can be straight, gay, lesbian or bisexual.

**Q** stands for questioning – someone who is questioning their sexual and/or gender orientation. Sometimes, the Q stands for “queer,” a term reclaimed by some LGBTs for political reasons.

# Principles of Culturally Competent Care for LGBTQ Youth

## Empowerment of LGBT Youth

- Offer safe places for them to reveal their concerns,
- Assess them for risks of suicide,
- Explore present and potential coping strategies,
- Validate their feelings, existence and experiences,
- Assess impact of LGBTQ identity and identify approach to manage feelings and actions,
- Assist to consolidate identity,
- Examine affects of LGBTQ on developmental stages,
- Explore and identify shame and its impact on coping skills,
- Assist them in identifying strengths, and
- Explore resources.

# Principles of Culturally Competent Care for LGBTQ Youth

## Where Do We Start?

- Lesbian, Gender, Bisexual, Transgender youth do not have many resources to assist them with their problems.
- Many LGBT youth must locate resources that are not specifically tailored and attuned to their concerns.
- Many health care professionals and therapists are uncomfortable with and ignorant to the needs that LGBT youth. This discomfort and ignorance often results in no service and inappropriate or lower quality care.
- The good news is many schools, agencies, and urban cities are responding to the specific concerns of LBGT youth and attempting to alleviate the barriers that prevent LGBT from acculturating into mainstream society.

# Principles of Culturally Competent Care for LGBTQ Youth

Ideas that may help LGBT youth in schools & communities:

- Continue to practice self education regarding LGBT youth.
- Educate your staff about the overt and subtle discrimination against LGBT youth.
- Compose an updated list of local and government resources.
- Do not assume all youth are heterosexual.
- Be cognizant to use gender friendly language.

# Principles of Culturally Competent Care for LGBTQ Youth

Ideas that may help LGBT youth in schools & communities:

- Be cognizant to use gender friendly language,
- Advocate for inclusion of LGBT youth and families and do not support agencies that are not sensitized to the needs of this population.
- Teach Lesbian Gendered Bisexual Transgender youth and families to advocate for themselves,
- Always be respectful and maintain confidentiality.
- Assist in developing school codes that establish student to student sexual harassment policy.

# Principles of Culturally Competent Care of Rural Population

- ▶ Issues Facing Rural Populations
    - Access to care is limited.
    - Hospital closures and other cuts to services disproportionately affect rural areas
    - Supply of primary care physicians is decreasing.
    - Almost one in three adults in rural America is in poor to fair health.
    - Residents of rural areas are less likely to have health insurance.
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# Principles of Culturally Competent Care of Rural Population

## ▶ Issues Facing Rural Populations

- 50% of the counties in the United States are without a practicing licensed psychiatrist.
  - Educational levels tend to be lower than in urban areas.
  - Traumatic injuries are more common in rural areas and response time to them is longer.
  - Telemedicine is promising but access can be an issue.
  - Rural residents approach the challenges of poverty differently such as participating in informal economy not recognized by TANF and other programs.
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# Principles of Culturally Competent Care of Rural Population

- ▶ Considerations for service providers:
    - Rural residents are more likely to respond to established relationships – develop relationships to natural helpers and leaders.
    - Rural poor are more likely to be white, living in two parent homes with both parents working – watch our assumptions and work to make access to services easier and working parent friendly.
    - Stigma on receiving help is higher in rural areas – include stigma reduction strategies in nearly all service delivery efforts.
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# Principles of Culturally Competent Care of Rural Population

- ▶ Considerations for service providers:
    - Access to children out of school may be different than in urban areas – work to establish relationships with 4H, Future Farmers of America, home extension clubs, etc.
    - Given that distances travelled to service providers takes longer, one stop service delivery can be very helpful.
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# Principles of Culturally Competent Care for Asian American Families and Communities

- The most basic aspect of cultural competence relates to the provision of linguistically and culturally appropriate services, and lack of health care access for Asian-American groups is most commonly the result of language barriers.
- Cultural competence must do more than overcome language barriers; it must address cultural and societal barriers to receiving and accessing health services of all types. For example, the perception that Asian Americans are healthier and have less mental distress than the general population is a significant barrier to their access to health services.

# Principles of Culturally Competent Care for Asian American Families and Communities

- Asian-American cultural norms, particularly among some Asian immigrant and refugee populations, may be quite different from US cultural norms. For example, looking straight into the eyes of some Asian elders may be equated with disrespect. A limp handshake—viewed negatively in the US context—may for your Asian American clients be a way of showing humility and respect.
- For many Asian-American groups, physical contact such as a handshake or a hug between a man and a woman may be interpreted as a sexual advance or overture.
- For some Asian subcultures, it may be appropriate for you, as a provider, to first address the oldest male in a group or family before greeting the other members.

# Principles of Culturally Competent Care for Asian American Families and Communities

- Some Asian groups, especially those who have experienced torture, genocide, war, slavery, and political oppression, may show little emotion in their facial expressions. They may as a result of their life experiences be reluctant to express feelings, opinions, or desires openly.
- Be aware that a lack of facial expression or a low level of verbal communication may not indicate a lack of emotion or opinion. Neither does it indicate agreement with the diagnosis or recommended treatment.

# Principles of Culturally Competent Care for Asian American Families and Communities

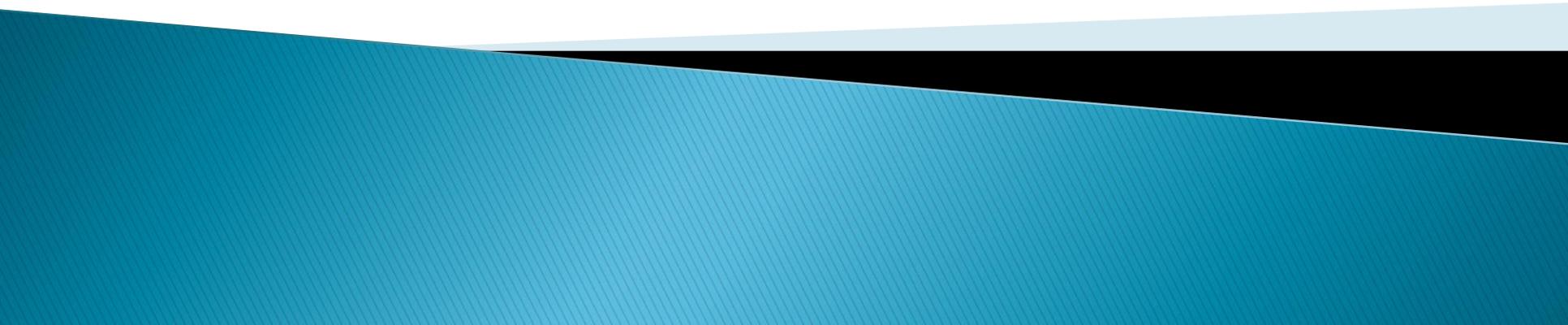
## Seek out knowledgeable and accepted community resources

- When seeking to enhance the cultural competence and cultural acceptance of the services you provide, engage community-based organizations or community leaders.
- Ask them about the health care and social service needs of their communities from their perspective.
- Enlist their aid in reviewing informational materials and identifying appropriate points of contact in the community.
- Find out from them what you can do to make your services more acceptable for the Asian-Americans in your community and to make them easier for your Asian clients to access.

# Principles of Culturally Competent Care for Asian American Families and Communities

- Many Asian American clients may be combining Western health care with traditional remedies.
- Seek information on the traditional healing methods your client may be using in order to evaluate the potential adverse impact of combining Western and traditional medications. For example, Chinese healing arts include nutrition and dietary therapy, exercise, meditation, acupuncture, and herbal remedies.

# Principles of Culturally Competent Care for Asian American Families and Communities

- The goal of Chinese medicine is to preserve health and cure disease by recovering the balance within the human being and between the person and the surrounding environment
  - Practitioners of traditional Chinese medicine may employ a wide variety of medicines and herbs in treating their clients. Some of these medicines and herbs may cause unwanted interactions with Western medicines.
  - Educate yourself about traditional Asian approaches to healing, and encourage your clients and their healers to share their knowledge and experience with you.
  - View yourself and your services as one of many appropriate sources of health for your Asian-American clients.
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# Principles of Culturally Competent Care for Asian American Families and Communities

- Pay attention to non-verbal cues
- Some Southeast Asians may respond “yes” to a question as a way of being polite and avoiding conflict, even when they do not understand the question being asked. The unaware provider may misread this response and think that the client really means yes.
- Become acquainted with and aware of nonverbal cues such as body language when working with your Asian American clients.
- By increasing your skills in nonverbal communication, you may increase your ability to gather accurate information and, ultimately, improve your ability to meet your clients’ health needs.

# Principles of Culturally Competent Care for Asian American Families and Communities

- Avoid giving compliments.
- Some Asian groups, especially recent immigrants, may feel uncomfortable about giving and receiving compliments such as “You look nice today” or “I love your hair style” or “Thank you very much for helping me.”
- They may also feel uncomfortable about saying “Thank you” or “You are welcome.” Their preferred response may instead be to mildly deny the compliment by saying something like, “Oh, it's a cheap old dress I bought a long time ago.”
- They may even ignore the compliment with silence, an awkward facial expression, or by turning their head away from the speaker.
- These social interactive behaviors do not signify a lack of appreciation for the compliment. Rather, this style of communication is based on a cultural tradition that emphasizes self-humility in social interactions.

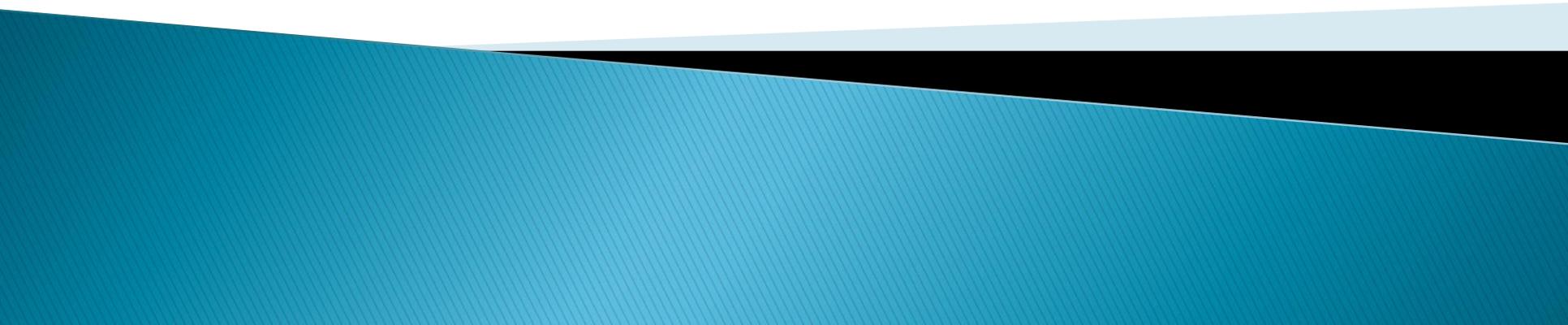
# Principles of Culturally Competent Care for Native American Families and Communities

- **Providers must seek to understand the culture of the Native American.**
- It is imperative to support existing Native American practices related to healing and prevention.
- It is important to understand your role as a provider and discover how to fit into the client community's model of health and healing.
- By integrating traditional and Western healing practices, providers can create realistic and culturally congruent services.

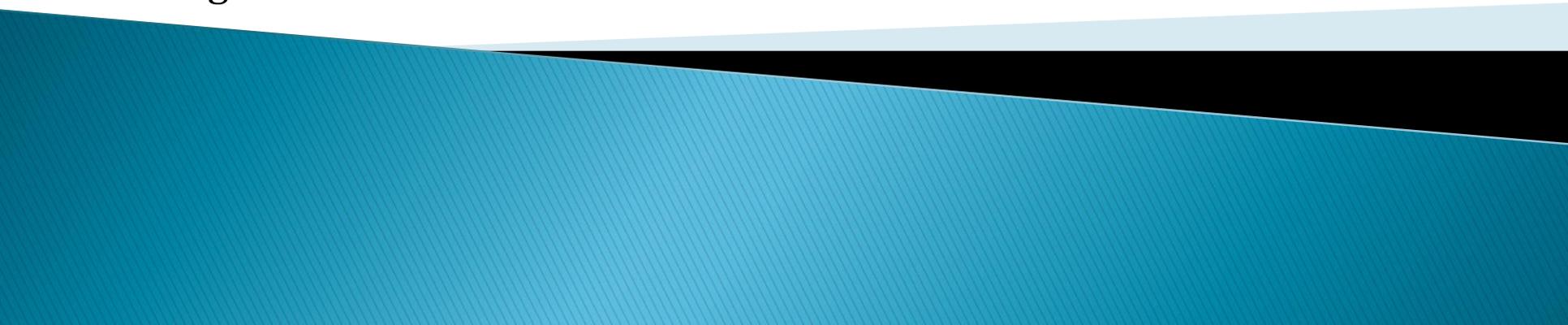
# Principles of Culturally Competent Care for Native American Families and Communities

- **Respect traditional healing practices**
- Culturally competent care for American Indians and Alaska Natives must respect traditional healing practices that aim to restore balance and harmony to the mind, body, spirit and community.
- Providers must define and value health and mental health as they are defined and valued in traditional Native American communities.
- Identify sources of depression that stress the community, and incorporate traditional ceremony such as talking circles and spirit camps into treatment models.
- Traditional models are valuable because they connect Native Americans with their traditions and true selves and "because nature is a sacred and healing place that helps us to be wise and creative as we work toward our future."

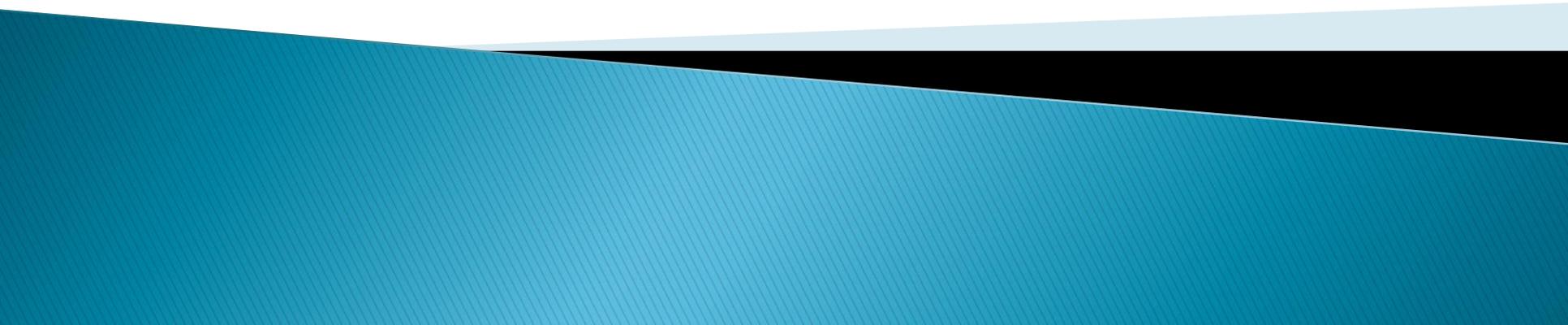
# Principles of Culturally Competent Care for Native American Families and Communities

- **Involve family and community**
  - Strengthen and build on family ties that are a source of spiritual and cultural pride.
  - In prevention work, the interaction between healer and client should involve family, tribal, and community members who may also benefit from the exchange between the individual, the group, and the sociocultural environment.
  - Involving everyone and everything in a collaborative and cooperative manner for the benefit of the community affirms the cultural context.
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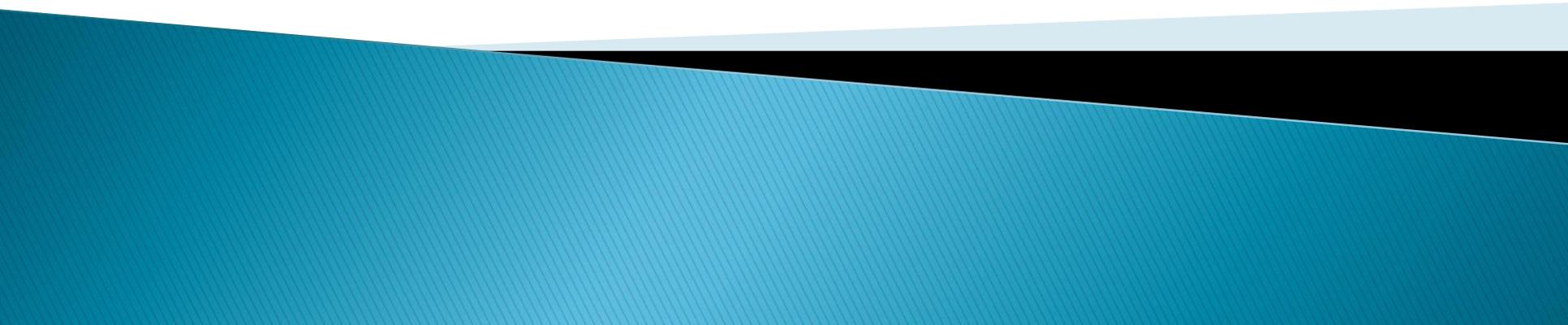
# Principles of Culturally Competent Care for Native American Families and Communities

- **Become part of the healing circle**
  - Recognize that you are part of an entire traditional healing process that has an established history, practice, credibility, and acceptance.
  - Become part of the circle of healing and foster a relationship with the rest of the healers in the circle in order to understand the roles and services of each healer in the circle.
  - Work with others in the circle to identify sources of depression that stress the community.
  - The healing circle model encourages Native Americans who live in multiple and complex communities to find sustenance and healing regardless of the setting.
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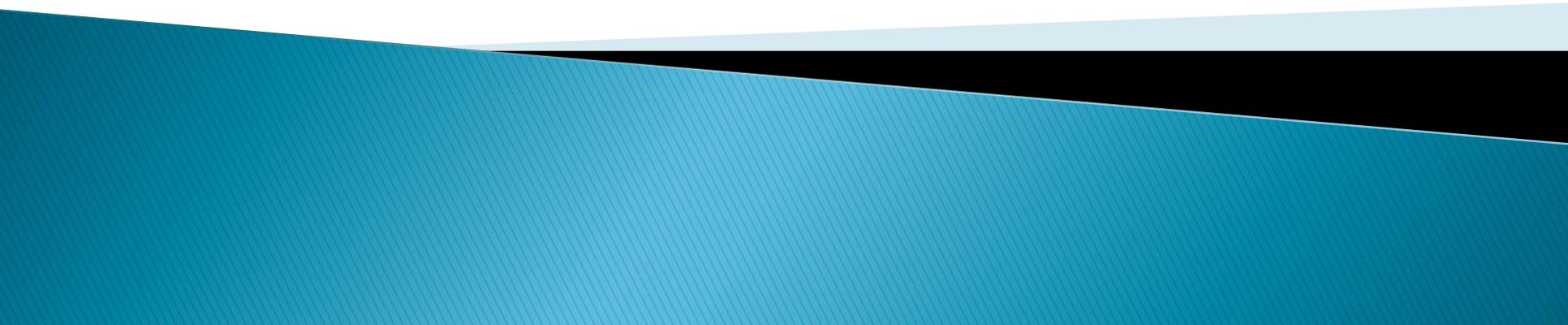
# Principles of Culturally Competent Care for Native American Families and Communities

- **Make sure that communication is a two-way street**
  - In the Native American community, information dissemination involves many individuals (the community healers and practitioners), meeting together (ceremony) for the purpose of involving and making aware (healing) as many community members as possible (prevention).
  - Ensure that information dissemination is a two-way, not a one-way street.
  - Be willing to listen to community members and adjust your thinking and approaches based on their input.
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# Principles of Culturally Competent Care for Native American Families and Communities

- **Respect the village**
  - The village identifies the person. The family name is part of village history.
  - Village life moves at a different pace—it is not slow or fast that best describes it, but a pace built over generations which recognizes the physical and demographic realities and the realities of who lives there and what must be done.
  - Waiting and patience are words often used.
  - Other descriptors are preparedness and being at peace in the present.
  - It is crucial to feel and show a deep respect for each village as a place where people grow and are nurtured.
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# Principles of Culturally Competent Care for Native American Families and Communities

- **Empower your clients**
  - All health promotion efforts should foster community ownership, self-reliance, and empowerment.
  - Carving clubs, dance groups for youth, and traditional camps by local people and communities increase the sense of competence and efficacy of the population, and lower the risk and rates of behavioral health and alcohol and drug abuse problems.
  - Organizing a dance group, for example, may involve recruiting the participation of elders, negotiating about beliefs and religion, and involving the community in providing a place to hold group meetings.
  - Connectivity demands carefully building consensus among multiple groups.
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# Principles of Culturally Competent Care of Service Members, Veterans and Families

## ▶ Considerations

- Understanding military culture is essential and military culture training is needed.
  - There is often a bias against going outside of the unit for help.
  - There is a strong bias against admitting weakness.
  - Mental health diagnosis can limit advancement and placement.
- Demographics are changing; a greater number are females (>15%) and the population is older (50% are 30+)

# Principles of Culturally Competent Care of Service Members, Veterans and Families

## ▶ Considerations

- Combat stress is normal and many stress reactions are adaptive and do not persist over time.
- Behaviors that promote survival within the combat zone may cause problems and be considered maladaptive in civilian life.
  - Hyper vigilance
  - Aggressive driving
  - Carrying weapons all the time
  - Command and control interactions

# Principles of Culturally Competent Care of Service Members, Veterans and Families

- In a survey about seeking help, service members reported:
  - I would be seen as weak (65%)
  - Unit leadership would treat me differently (63%)
  - Members of my unit would have less confidence in me (58%)
  - It would harm my career (50%)

# Principles of Culturally Competent Care of Service Members, Veterans and Families

## ▶ Do

- Thank them for their service.
- Listen non-judgmentally, with empathy and acceptance.
- Learn about the symptoms the veteran is experiencing.
- Ask them open-ended, general questions about their military service.
- Be aware the veteran may be feeling shame and treat him or her with “respect, dignity, and privacy.”

# Principles of Culturally Competent Care of Service Members, Veterans and Families

## ▶ Do

- Make sure veterans and their families are aware of available services and potential benefits of them.
  - Offer to take them to get help if necessary
  - Reinforce that they are doing the right thing by seeking help.
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# Principles of Culturally Competent Care of Service Members, Veterans and Families

## ▶ Do

- Get training on the invisible wounds of war – TBI and PTSD.
- Enlist SMVF as workers and volunteers – peer-to-peer service provision is extremely valuable.
- Place value on service and make it evident – SMVF Appreciation Events.
- Consider participating in Yellow Ribbon Reintegration Programs

# Principles of Culturally Competent Care of Service Members, Veterans and Families

## ▶ Don't

- Try to “talk the talk.” Nothing will discredit you more in the eyes of a veteran.
  - Rush the veteran into intense work, social and/or recreational activities; this must be done gradually as symptoms improve.
  - Give your armchair general or political analysis of the war.
  - Press for details of a traumatic event, but be prepared to listen when they are offered.
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# Principles of Culturally Competent Care of Service Members, Veterans and Families

- ▶ Don't
    - Allow the abuse of drugs and alcohol as a solution.
    - Attempt to manhandle the veteran, except to prevent serious assault or suicide attempts.
    - Tell him or her that they are “lucky” to have survived or that things could have been much worse.
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# Principles of Culturally Competent Care of Older Adults

## ▶ Considerations

- There is great heterogeneity among older adults – each person should be viewed as an individual and other special population status considered.
- For most older adults, there is a decline in some intellectual ability. For most it is not severe enough to cause problems in daily living.
- Most older adults successfully adjust to the challenges of aging.

# Principles of Culturally Competent Care of Older Adults

## ▶ Considerations

- About 4 out of 5 older adults report having one or more confidants. Generally, women have more interactions with friends than men do. Consider planning and service provisions that would make this easier.
- Hearing loss is very common – make accommodations for this.
- Elders do not change personality as they age – people live as they age. If you are cranky as a third grader, you will be cranky as an 80 year old.

# Principles of Culturally Competent Care of Older Adults

## ▶ Considerations

- Elders have had a lot of losses but they often do well anyway
- Depression and anxiety are common but that does not mean all elders are depressed and anxious
- 50% of people over 85 have some sort of dementia
- Elders often have a great sense of humor – they love to laugh
- Healthy aging is about attitude and being resilient

# Principles of Culturally Competent Care of Older Adults

## ▶ Risk Factors

- Living alone – seek to provide visits and social interactions
  - Immobility – seek to encourage any sort of exercise no matter how slight
  - Dementia – there is truth in use it or lose; seek to provide cognitive stimulation
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# Strategies for Reaching the Working Poor

Clearly, effective outreach strategies are needed to ensure that families, employers, and community organizations receive accurate and reliable information about available benefits. Given the realities faced by the working poor, helpers can use the following five strategies to help facilitate the upward mobility of the working poor to financial self-sufficiency.

# Strategies for Reaching the Working Poor

## Strategy 1: Information Outreach for the Working Poor

- Develop and disseminate educational materials to help the working poor access available financial and in-kind support, with an emphasis on training and educational opportunities.
- Disseminate information through the mail, employers, and print and broadcast media.
- Provide guidance in accessing the services and educational opportunities in the areas where they live. Make them aware of any programs available through their employer.

# Strategies for Reaching the Working Poor

## Strategy 2: Information Outreach for Employers

- Develop an educational campaign targeting employers that provides accurate information about a wide variety of assistance and support available to workers.
- Emphasize why disseminating this information is important for employers (e.g., less absenteeism, more productive workforce, fewer accidents, etc.).
- Provide employers with information about services, such as transportation and childcare assistance, life skill education, vocational and technical training opportunities, the EITC, Medicaid, and other types of support may mean the difference between keeping or losing these workers.

# Strategies for Reaching the Working Poor

## Strategy 3: Education and Training for Workers

- Connect the working poor to life skill education and information about available assistance and support for job training.
- Provide alternative means of teaching busy working parents.
- Develop home study courses for the working poor, to be distributed through employers and interested agencies and organizations. The home study courses should incorporate videotapes, audiotapes, worksheets, and other materials to facilitate self-directed learning by the working poor.

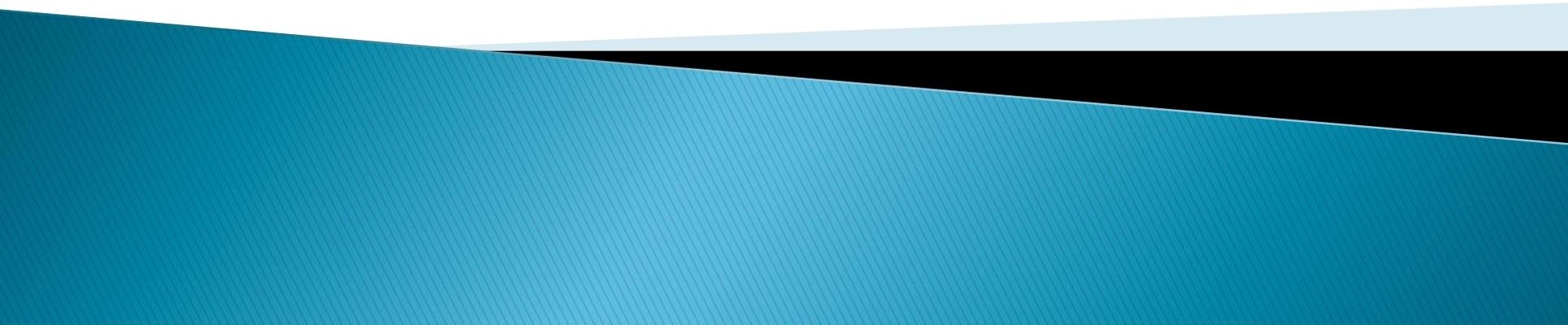
# Strategies for Reaching the Working Poor

## **Strategy 4: Public Awareness Campaign.**

- Provide unbiased, research-based information to state and local media about the needs of working poor families and existing efforts to address those needs.
- Develop public education campaigns that focus on financial self-sufficiency issues.
- Encourage public policy makers to use research-based information to better understand and address the issues facing the working poor.

# Strategies for Reaching the Working Poor

## **Strategy 5: Collaborations for Building Community Capacity**

- Facilitate the development of new local coalitions and the involvement of existing community organizations to create or enhance a supportive environment that is focused on the upward mobility of the working poor.
  - Encourage and support Communities in identifying barriers that exist to upward mobility and identify creative ways to overcome them.
  - Help Communities assess the availability of childcare, housing, transportation, training and educational opportunities, healthcare, and jobs that pay enough to support a family.
  - Develop an infrastructure that supports working parents and provides opportunities for advancement in order for the working poor to successfully move to financial self-sufficiency.
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# Strategies for Reaching the Working Poor

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# **Principles of Helping Low Income Populations**

**THE WORKING POOR FAMILIES PROJECT**  
has developed this set of Principles for  
State Implementation to guide state  
policymakers as they allocate funds from  
the American Recovery and Reinvestment  
Act.

# Principles of Helping Low Income Populations

Make it a priority to create family-supporting jobs.

- Recovery spending must focus on creating the maximum number of high quality jobs—those that pay wages that can support a family, provide vital benefits such as health care and paid leave, and offer worker-friendly practices.
- States can use family, living, or prevailing wage standards to identify a family supporting job.
- States also need to ensure that the jobs created are available to workers with low skills and low incomes as well as women and members of minority groups. This can be done by giving preference to projects that allocate a portion of their contract funds to training and jobs for these populations.

# Principles of Helping Low Income Populations

Use resources to build worker skills and link training to job creation efforts.

- States should allocate new education and training funds to prepare adults with low skills and poor literacy, as well as disconnected youth, to move into jobs that lead to career advancement.
- States should support career pathway, pre-apprenticeship, apprenticeship, and work study programs that help workers obtain the necessary credentials and experience to gain middle skill jobs in high-demand sectors such as construction, health care, technology, and “green” industries.
- All training programs should provide adequate work stipends and supportive services such as child care.

# Principles of Helping Low Income Populations

Invest in distressed communities.

- States should ensure that a portion of recovery funds is used for projects in distressed communities.
- Residents of those communities should be assured a portion of the jobs created through infrastructure projects (including funding through transportation, energy efficiency, renewable energy, clean water, and broadband access) and should be included in training opportunities.

# Principles of Helping Low Income Populations

Maximize resources to benefit workers and their families.

- States should make changes to take every advantage of opportunities to reduce the impact of the recession on workers and their families while at the same time protecting their assets.
- States should strengthen outreach activities to ensure that all those qualified know about and receive the benefits for which they are eligible.
- States should increase outreach for new and expanded tax credits as well as for programs providing supplemental food, health assistance, child care, and other assistance.

Working Poor Families Project | [www.workingpoorfamilies.org](http://www.workingpoorfamilies.org)

Thinking about what cultural competency concepts and strategies would be important to address in a work plan.



- ▶ Begin to write statements, goals and objectives that would be incorporated into your work plans.

# Questions and Comments

Thank you!



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