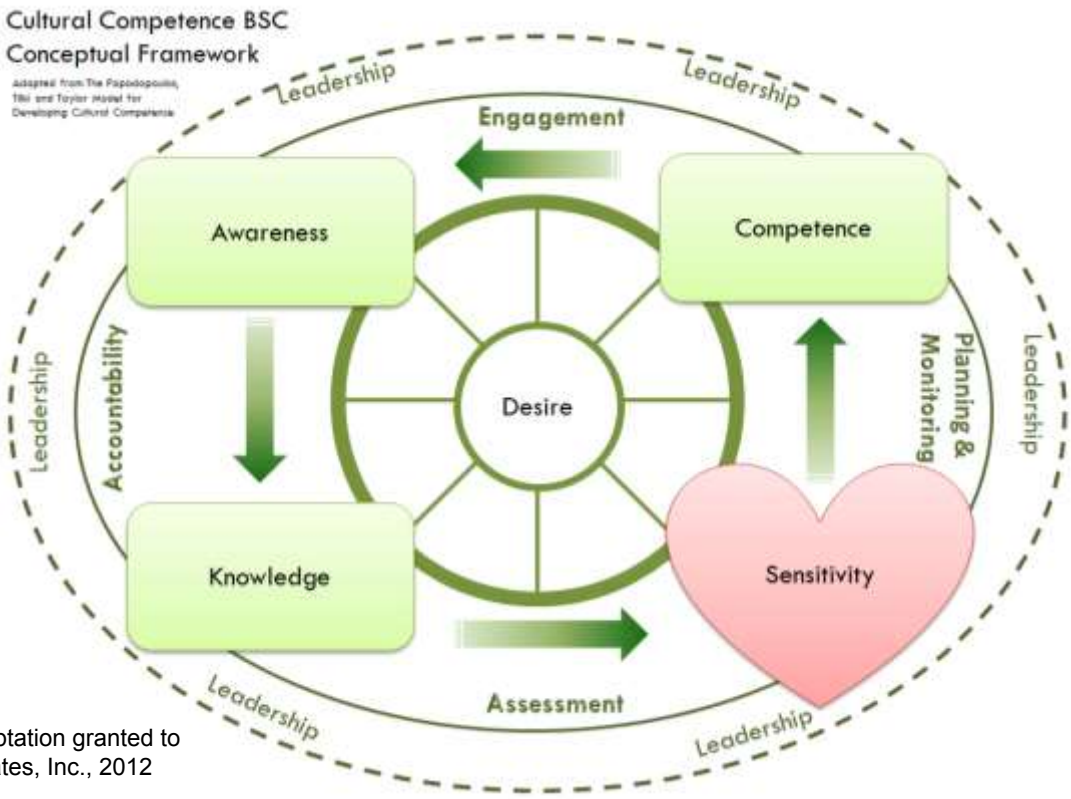

This conceptual map is adapted from SAMHSA's Strategic Prevention Framework Components, the Papadopoulos, Tilki and Taylor Model for Developing Cultural Competence and the Culturally Linguistic Appropriate Standards (CLAS Standards).

Stage 1 - Cultural Awareness
This stage begins with an examination of one's personal value base and beliefs. This raising of self-awareness crucially contributes towards one's understanding of the nature and construction of their cultural identity. While a person becomes more aware that his/her cultural background is a major factor in shaping values and beliefs, he/she come to understand that in turn influences his/her health beliefs and practices. Therefore the 'cultural awareness' stage constitutes an essential first stage in the process of achieving cultural competence; unless one goes through this stage, it is unlikely that s/he can become culturally sensitive and ultimately competent.

Stage 2 - Cultural Knowledge
This stage is noted by meaningful contact with people from different ethnic groups which enhances knowledge about health beliefs and behaviours and raise understanding of the problems they face. This knowledge is required in order to understand the similarities and differences of cultural groups as well as the inequalities in health within and between groups, which may be the result of structural forces in society, such as the power of health care professionals, and the role of medicine in social control. This stage is also marked by sociological study to encourage consideration of such issues and to make links between personal position and structural inequalities. However, cultural knowledge can be gained from all disciplines including: psychology, biology, pathology and anthropological studies, whilst historical understanding is increasingly being emphasised.

Stage 3 - Cultural sensitivity
The ability to achieve cultural sensitivity is how professionals view people and what they think about people in their care. Considering individuals and families as true partners, and that their culture is seen as strength, and not a deficit, is a very important stance in becoming culturally sensitive and a crucial element in anti-oppressive practice (Dalrymple & Burke 1995). Partnership demands that power relationships are challenged and that real choices are offered. These outcomes involve a process of facilitation, advocacy and negotiation that can only

be achieved on a foundation of trust, respect and empathy. The importance of cross-cultural interpersonal communication cannot be underestimated.

Stage 4 - Cultural competence
This stage requires the synthesis and application of previously gained awareness, knowledge and sensitivity. Further, focus is given to practical skills such as assessment of need, clinical diagnosis and other caring skills. A most important component of this stage of development is the ability to recognise and challenge racism and other forms of discrimination and oppressive practice. Papadopoulos I, Tilki M and Taylor G (1998): Transcultural Care: A guide for Health Care Professionals. Quay Books. Wilts. (ISBN 1-85642-051 5)

Desire/Commitment
Desire is essential in order for the individual or the organization to be motivated to *want-to* engage in the process of becoming culturally competent, rather than feeling "I *have-to."* Cultural desire includes a genuine passion and commitment to be open and flexible with others, and to respect differences but build on similarities, and to be willing to learn from others as cultural informants. This is a life-long learning process that has been referred to as *cultural humility.* Melanie Tervalon and Jann Murray-Garcia, "Cultural Humility versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education," *Journal of Health Care for the Poor and Underserved* 9, no. 2 (1998): 117-125.

Accountability
The mechanisms and processes used to monitor the organization's long- and short-term policy, programmatic, and operational cultural competence and includes external and internal consumers; and systems and activities needed to proactively track and assess and hold organization's accountable for improving levels of cultural competence.

Planning and Monitoring
Use the self-assessment results to develop a long-term plan, with measurable goals and objectives, strategies and fiscal resources. This plan should allow for the incorporation of cultural and linguistic competence into all aspects of your program or organization. This may include, but is not limited to, changes in the following: mission statement, policies, procedures, program administration, staffing patterns, position descriptions, personnel performance measures, professional development, pre-service and in-service training activities, service delivery practices, strategies for outreach, telecommunications and information dissemination systems.

Engagement
In order for a culturally competent system to be effective, families, youth and community residents need to be integrally involved in the design, implementation and evaluation of such services and supports. Their participation on governance boards, advisory committees, task forces and work groups is instrumental in facilitating their authentic involvement and voice in all areas of the organization. It is essential that organizations create an environment that is conducive to trust building, respect and shared power.

Assessment
Assessing attitudes, practices, policies and structures of administrators and service providers is a necessary, effective and systematic way to plan for and incorporate cultural competence within an organization. The capacity to engage in self-assessment helps individuals and organizations to:

- gauge the degree to which they are effectively addressing the needs of culturally and linguistically diverse groups;
- determine their strengths and areas for growth; and
- strategically plan for the systematic incorporation of culturally and linguistically competent policy, structures and practices (National Center for Cultural Competence)