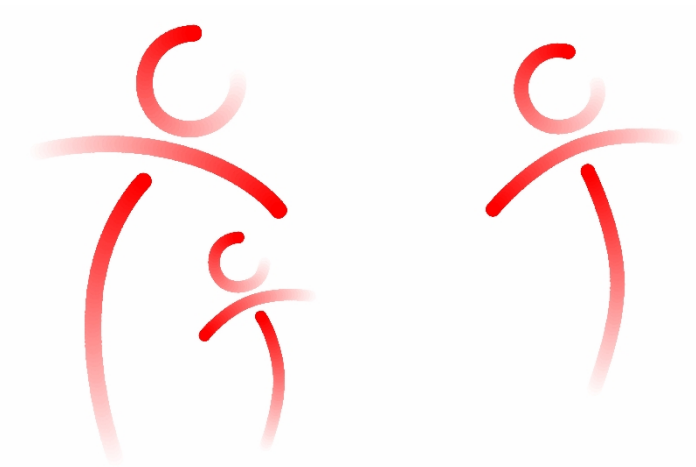


The National Center for Cultural Competence

Center for Child and Human Development
Georgetown University



Report of
Significant
Accomplishments

Report of Significant Accomplishments National Center for Cultural Competence

The National Center for Cultural Competence (NCCC) provides national leadership and contributes to the body of knowledge on cultural and linguistic competence within systems and organizations and the relevance of these practices to: 1) respond to the growing diversity in the U.S., its territories, and tribal communities; 2) address health and mental health care disparities and inequities, and 3) design services and supports that take culture and language in consideration within the contexts of social determinants and life course approach in MCH. The NCCC continues to have an intensive focus on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education, and advocacy. During the reporting period, the NCCC conducted activities of national significance in the following areas: (a) measuring and assessing cultural and linguistic competence, (b) contributing to the body of knowledge that guides policy and practice, and (c) influencing academia (i.e. curricula, teaching methodologies, faculty development, continuing education, and faculty and student diversity initiatives).

A. Measuring and Assessing Cultural and Linguistic Competence

There is an increased interest in measures and assessment of cultural and linguistic competency in organizations and systems concerned with human services in general, and among health and mental health care organizations and systems and their personnel in particular. There is also heightened interest from academic health professions training programs, including those funded by MCHB. This trend is clearly reflected in the call for validated tools in the literature, priorities set by public and private entities, emphasis on the role of cultural and linguistic competency in quality improvement measures, and measures to assess the cultural and linguistic competency of both students and academic programs. NCCC faculty created two new self-assessment instruments and guides for specific constituency groups, ***Cultural and Linguistic Competence Family Organization Assessment and Guide*** and the ***Cultural and Linguistic Competence Assessment for Disability Organization*** and accompanying guide. Moreover, the NCCC collaborated with a major research institution in a rigorous validation process for the ***Cultural Competence Health Practitioner Assessment***, and collaborated with a University Center for Excellence in Developmental Disabilities (UCEDD) to develop an assessment checklist that merges the concept of self-determination for individuals who experience disabilities and their families with cultural and linguistic competence. During the reporting period, the NCCC documented high demand for permission to use and/or adapt its assessment checklists and instruments. Of the requests received to use and/or adapt NCCC materials and resources that were granted, a total of **70%** were for use of assessment instruments and checklists. See Figures 9 and 10 on pages 15 and 16 for additional data.

A. Measuring and Assessing Cultural and Linguistic Competence (cont'd)

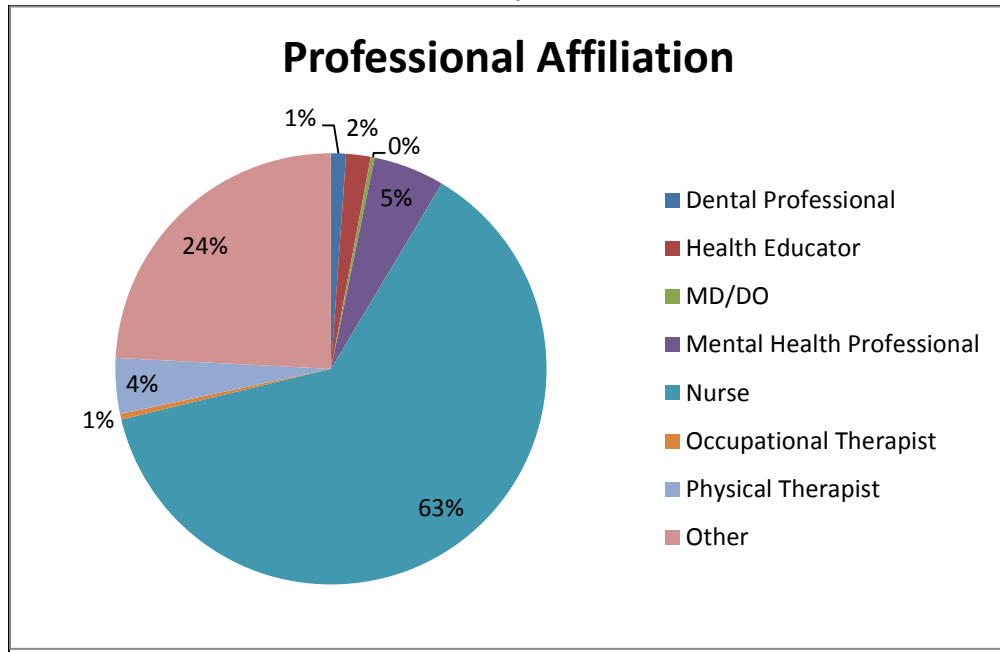
▪ **The Cultural Competence Health Practitioner Assessment (CCHPA)** is the NCCC’s interactive, web-based self-assessment instrument. From March 1, 2010 through February 13, 2011 a total of **21,764** visitors accessed the CCHPA page. Of the **13,791** that provided information about their professional affiliation, the majority (59%) were nurses. A broad array of professionals, however, is utilizing the CCHPA. Figure 1 depicts the percentage of each profession that used the CCHPA and reported their affiliation. Of note is the fact that the majority of professionals who reported their age (N= 14,732) was under age 40, suggesting a growing awareness of and interest in cultural and linguistic competence among more recently trained professionals. Figure 2 depicts the percentage of those taking the CCHPA who reported their age by age range. Among those who reported race (N=13,369) and ethnicity (N=14,114) the majority self-identified as Non-Hispanic (86%) and White (77%). See Figures 3 and 4. During the reporting period, the CCHPA represented **27%** of the requests to use and/or adapt resources and materials that were granted by the NCCC and **3,460** points of dissemination. Additional data is presented in Table 2.

Click to access the CCHPA <http://nccc.georgetown.edu/features/CCHPA.html>

Table1. Points of Dissemination by Product

Documents/Resources	Points of Dissemination/Contact
Policy Briefs Excerpts	6,509
Checklists	67,000
CCHPA	3,460
Curricular Enhancement Module Series	2,789
CLCPA	2,202
CLCFOA	1,025
NCCC Website Links	2,000
Practice Briefs	12,000
Definitions	450
Guides	430
Cultural Broker Guide	360
Guiding Values and Principles	250
PowerPoint presentations	5,990
Body/Mind/Spirit	10
Health Promotion Video/DVD	30
Total	102,505

**Figure1. Percentage of Users Reporting Professions on the CCHPA
N=13,791**



**Figure2. Percentage of Users Reporting Age on the CCHPA
N=14,732**

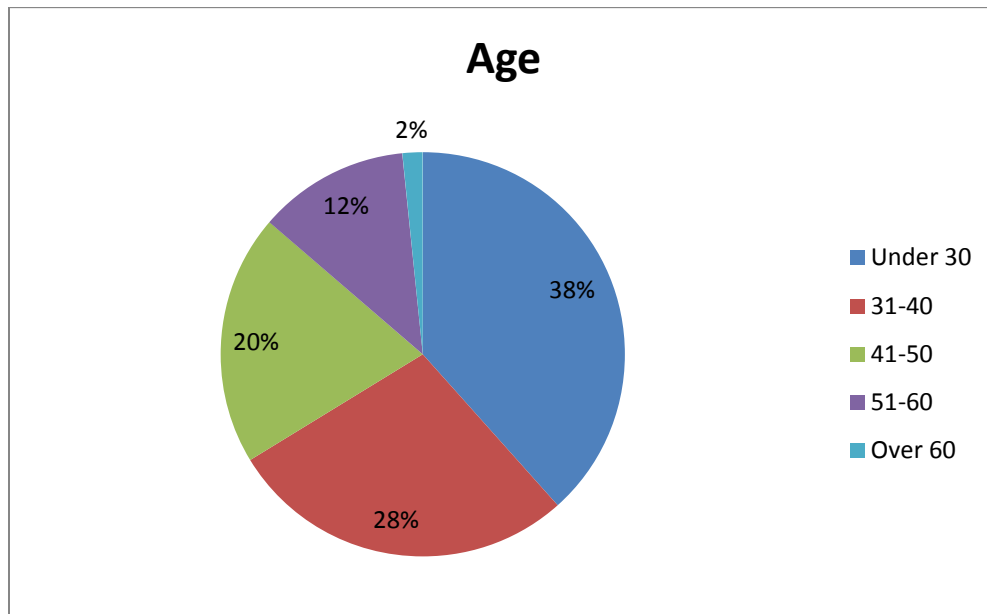


Figure3. Percentage of Users Reporting Ethnicity on the CCHPA

N=14,114

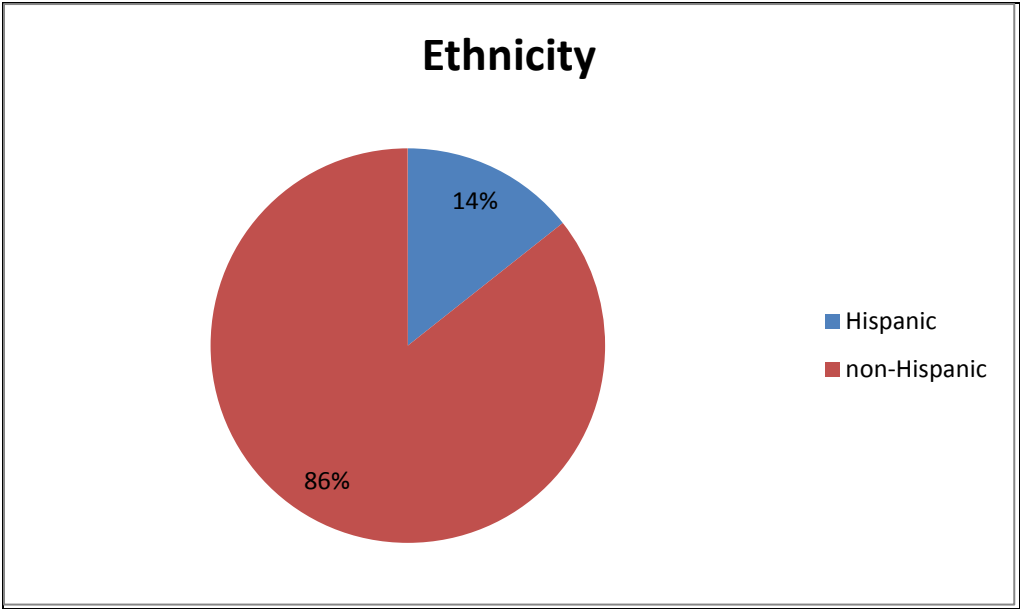
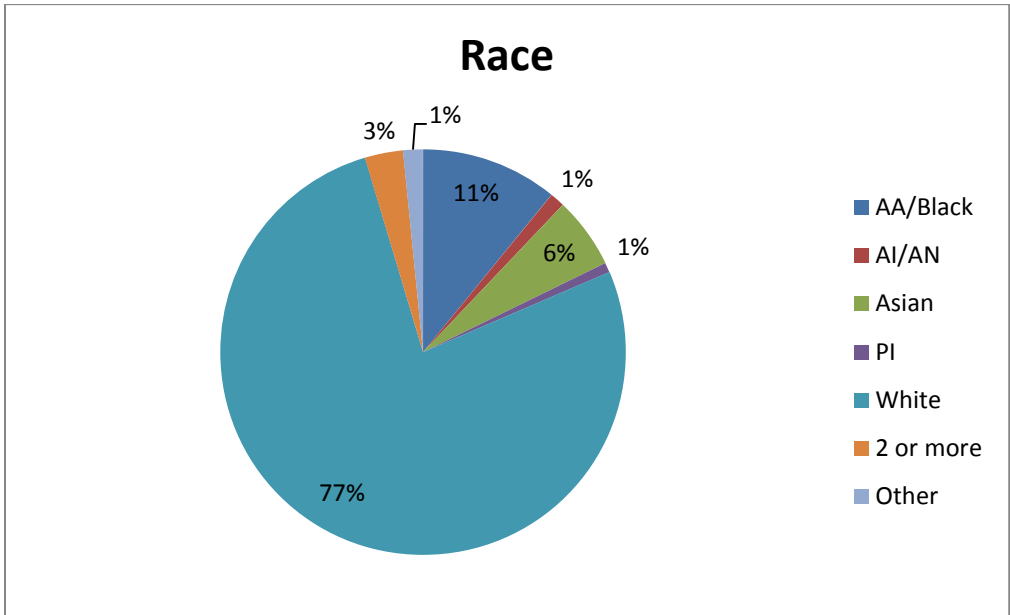


Figure4. Percentage of Users Reporting Race on the CCHPA

N=13,369



A. Measuring and Assessing Cultural and Linguistic Competence (cont'd)

- *Developing a validated measure of cultural and linguistic competence: The CCHPA and the CLCHPA.*

The CCHPA. Through a partnership with Case Western Reserve University, Department of Family Medicine, Research Division, NCCC project faculty has been involved in a rigorous validation process for the CCHPA. The CCHPA is a web-based instrument for health professionals designed to 1) self-assess their capacity to deliver care to culturally diverse individuals and underserved communities; and 2) promote cultural competence as an essential approach for practitioners working to decrease health care disparities among racial and ethnic groups. The CCHPA was developed in 2001 by NCCC faculty and a group of nationally recognized experts in cultural competency, primary care for diverse patient populations, and measurement/psychometrics. The CCHPA has 129 items, covering domains, including values and belief systems, cultural aspects of epidemiology, clinical decision-making, life cycle events, cross-cultural communication, and empowerment/health management as well as a demographic section.

Psychometric Analysis: A psychometric analysis was completed in October 2010 of the responses from **2504** health care providers, including **1864** nurses (RN, LPN), **341** clinicians (PA/NP), and **299** physicians (MD/DO), who responded to the CCHPA online between 2005 and 2008. Psychometric analysis for the final scale development was a multi-step data analysis applying classical factor analysis, Item Response Theory (IRT) using Rasch modeling, and Differential Item Functioning (DIF). Factor analysis determined how the items grouped together to measure the domains of cultural and linguistic competency. IRT evaluated reliability and simultaneously assessed the item difficulty level and respondents' knowledge and skills associated with cultural and linguistic competency. DIF revealed items that were biased based on race, profession and/or gender.

Results: This psychometric analysis demonstrates that the CCHPA is a reliable measure of health care providers' cultural and linguistic competency and meets two validity criteria, including content and discriminant group validity. Based on this analysis, 67 valid and reliable items with acceptable fit statistics, representing 3 factors, were retained from the original 129 items. Three factors representing three conceptual domains were responsible for 46% of the variance: (factor 1) knowledge of culturally and linguistically diverse populations, (factor 2) adapting practice for culturally and linguistically diverse patient populations, and (factor 3) promoting the health of culturally and linguistically diverse communities. Factor 1 contains 24 items, a separation index of 13.82, and Cronbach's α 0.92. Factor 2 contains 20 items, a separation index of 11.59, and Cronbach's α 0.88. Factor 3 contains 23 items, with a separation index of 22.64, and Cronbach's α 0.92. Pearson correlations between all three factors were moderate, with the highest correlation between factors 2 and 3 ($r = .665$). The test content validity is based on the expertise of the instrument developers. Discriminant group validity was established by respondents who never received employer-sponsored training in cultural and

A. Measuring and Assessing Cultural and Linguistic Competence (cont'd)

linguistic competence having statistically significant lower scores on all three factors than respondents who had received such training.

Conclusion: This study established that the CCHPA is a psychometrically sound instrument for measuring cultural and linguistic competency as key factors in quality care, research, and evaluation. Ultimately, the NCCC and Case Western Reserve University faculty intend to use the evidence provided by the CCHPA and (an adapted version of this instrument – the Cultural and Linguistic Competence Health Practitioner Assessment) in future studies seeking to: (a) establish associations between practitioners' cultural and linguistic competency and health outcomes for racially and ethnically diverse populations; and (b) evaluate interventions to increase provider cultural and linguistic competence.

The CLCHPA. As a result of the above described process, the individual items for each subscale of the CCHPA have undergone extensive psychometric analysis, testing, and redesign. The NCCC and Case Western Reserve faculty incorporated the 67 validated items of the CCHPA, reworded and added new items to create a new instrument – the *Cultural and Linguistic Competence Health Practitioner Assessment*. The CLCHPA will initially be used by selected health care systems to measure cultural and linguistic competence of their providers (i.e. Kaiser Permanente in Cleveland, OH, Oakland, CA, and Washington, DC, Moffitt Cancer Center and Research Institute, and Cook County Health Services) to test the new or revised items. The CLCHPA will also be used in a current research study under the leadership of Case Western University faculty to validate a patient measure of cultural and linguistic competence. It is anticipated that the CLCHPA will be available on the NCCC's website in winter of 2012 for access by the general public. Finally, CLCHPA will be used in future studies to: (a) establish associations between practitioners' cultural and linguistic competency and health outcomes for racially and ethnically diverse populations; and (b) evaluate interventions to increase provider cultural and linguistic competence.

▪ *Cultural and Linguistic Competence Policy Assessment (CLCPA)*

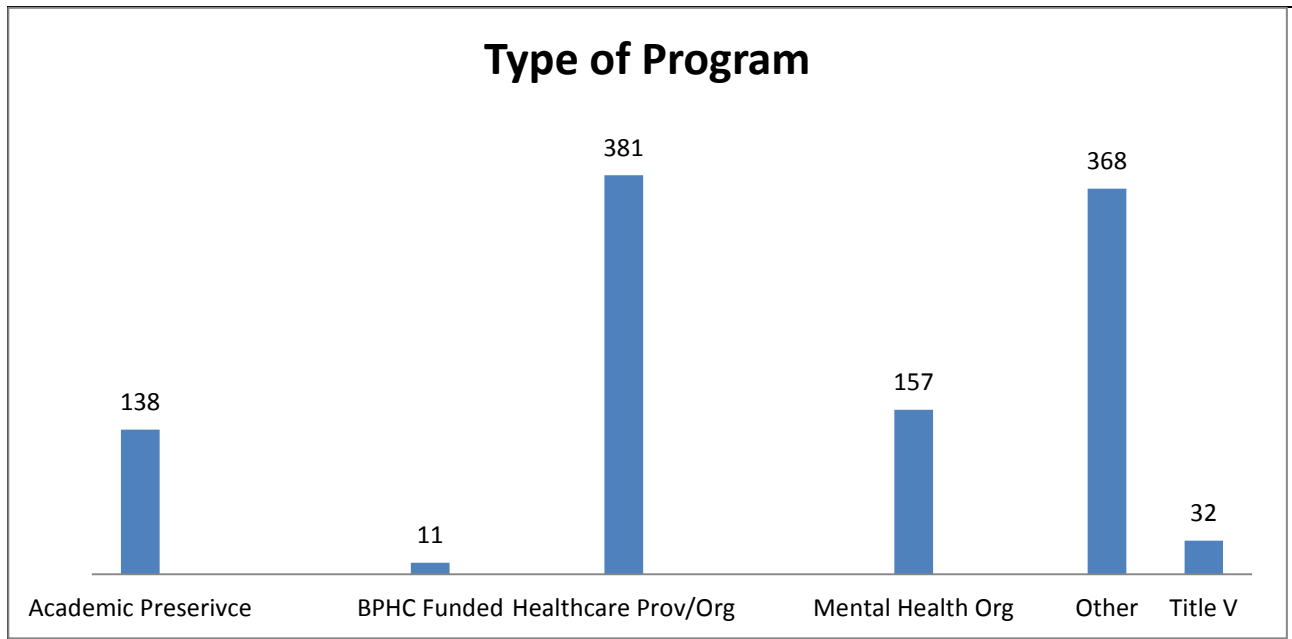
The CLCPA was developed for HRSA's Bureau of Primary Health Care and is intended to support health care organizations to: (1) improve health care access and utilization, (2) enhance the quality of services within culturally diverse and underserved communities, and (3) promote cultural and linguistic competence as essential approaches in the elimination of health disparities. Since March 2, 2010, a total of **1160** individuals from **53** states and territories and **8** Tribal communities registered to download the PDF versions of the CLCPA and the accompanying Guide. The majority, **453**, was from academic institutions—colleges and universities or medical schools and health studies programs. Another **349** identified themselves

as being in health care delivery organizations of various types, **202** in social service agencies, and **23** in managed care organizations. Figure 5 depicts the types of programs that accessed

A. Measuring and Assessing Cultural and Linguistic Competence (cont'd)

the CLCPA from the Web site. During the reporting period, the CLCPA represented **17%** of permissions to use and/or adapt NCCC resources and materials that were granted by the NCCC and **2,202** points of dissemination. See Table 1 on page 3 for additional data. Data collected during this reporting period are similar to those collected during the 2009-2010 project period. CLCPA data trends may indicate that universities and health professions programs are using this resource to enhance curricula, respond to accreditation mandates, and to keep abreast of the emerging area of cultural and linguistic competence. In addition, the Public Health Accreditation Board created a national voluntary accreditation program for state, local, territorial, and tribal public health departments to improve and protect the health of every community by advancing the quality and performance of public health departments. Standards include cultural and linguistic competence and make specific mention of organizational assessment. The guidance provided by the Accreditation Board recommends use of the CLCPA as a tool to address this standard. Lastly, data continue to show that this resource is underutilized by BPHC-funded programs even though it was originally developed specifically for community health centers. Click to access the CLCPA <http://www.clcpa.info/document.html>

Figure5. Number of Registrants for CLCPA by Program Type
N=1087



A. Measuring and Assessing Cultural and Linguistic Competence (cont'd)

▪ **The NCCC Checklist Series** continues to rank high among requested materials and resources and represented **23%** of requests for permission and **67,000** points of dissemination during the reporting period. The checklists are designed to raise awareness of cultural and linguistic competence in three areas including 1) physical environment, materials, and resource, 2) communication styles, and 3) values and attitudes. The most frequently requested among the series included checklists for early childhood/early intervention services, personnel providing primary care, behavioral health, and services for children with special health care needs and disabilities respectively. There were a broad range of users from publishing companies, university programs (e.g. schools of nursing and medicine, and early childhood education), state and local government, professional associations, and graduate and doctoral students. Selected examples of the spread and impact of the checklist series during the reporting period is as follows:

- Cenage Publishing, CA = **30,000** points of dissemination
- New York Presbyterian Hospital/Columbia University, NY = **5,000** points of dissemination
- Children's Medical Services, FL= **100** points of dissemination
- Health Nexus, Toronto, Ontario, Canada = **2,000** points of dissemination

▪ **The Cultural and Linguistic Competence Family Organization Assessment (CLCFOA).**

In April 2010, the NCCC completed the CLCFOA. This instrument and guide is the result of collaboration between organizations concerned with children and youth with special health care needs/disabilities and those concerned with behavioral/emotional challenges and disorders and developed specifically to address the unique functions of these organizations. The instrument has four sections including Our World View, Who We Are, What We Do, and How We Work. The CLCFOA was pilot tested with five family organizations in Louisiana, Maryland, Massachusetts, New Jersey, and Rhode Island. A total of **1,269** individuals registered to download the CLCFOA and its accompanying guide. The individuals represented an array of state-wide family support organizations. Table 1 presents the data by type of center. In addition, others accessing this tool indicated an affiliation with Part C Early Intervention programs, Head Start programs and other early childhood settings, community colleges, hospitals, public schools, and academia. During the reporting period **3%** of permission requests were for the CLCFOA, representing **1,025** points of dissemination. Click to access the CLCFOA <http://www.gucchdgeorgetown.net/nccc/clcfoa/>.

**Table2. Individuals Registered to Download the CLCFOA
March 29, 2010 – February 1, 2011**

Type of State-wide Family Support Program	Number of Individuals Registered to Download Instrument
Family-to-family Health Information Centers	140
Family Voices State Affiliate Organizations	10
Federation of Families for Children’s Mental Health	36
Parent Training and Information Centers	202
SAMHSA-funded State-wide Family Networks	52

▪ ***The Cultural and Linguistic Competence Organizational Assessment Instrument for Fetal and Infant Mortality Review Programs (CLCOA-FIMR)***. The CLCOA-FIMR was developed by the NCCC in collaboration with the National Fetal and Infant Mortality Review Program with guidance from a national workgroup of state and local FIMR representatives. It is a first of its kind instrument and process for FIMR programs nationally. The CLCOA-FIMR is intended to support FIMRs to: (1) plan for and incorporate culturally and linguistically competent policies, structures, and practices in all aspects of their work; (2) enhance the quality of case reviews and action plans within diverse and underserved communities; and (3) promote cultural and linguistic competence as an essential approach in the elimination of disparities and the promotion of health and mental health equity. The tool and a guide are available on the NCCC website and in hard copies from NFIMR. From March 2, 2010 through February 2, 2011 there were **414** hits on the instrument and its guide on the NCCC website. Click to access the CLCOA-FIMR.

http://www11.georgetown.edu/research/gucchd/nccc/projects/sids/CLCOA_FIMR.html

▪ ***The Cultural and Linguistic Competence Assessment for Disability Organizations (CLCADO)***. In February 2011, the NCCC launched its newest assessment instrument and guide, *the Cultural and Linguistic Competence Assessment for Disability Organizations (CLCADO)*. The CLCADO is intended to support organizations to: (1) plan for and incorporate culturally and linguistically competent values, policies, structures, and practices in all aspects of their work; (2) enhance the quality of services, supports, and advocacy provided to diverse and underserved communities; (3) effect change in education, training, technical assistance, research, and public policy; and (4) advance cultural and linguistic competence as an essential approach to address racial and ethnic disparities and promote equity for people who experience disabilities and their families.

The CLCADO was developed with guidance from a key informant work group that included representatives from the following organizations.

- American Association on Intellectual and Developmental Disabilities (AAIDD)
- Association of University Centers on Disabilities (AUCD)

A. Measuring and Assessing Cultural and Linguistic Competence (cont'd)

- Council of Parent Attorneys and Advocates, Inc. (COPAA)
- National Council on Independent Living (NCIL)
- National Down Syndrome Congress (NDSC)
- TASH
- The Arc of the United States

The CLCADO and guide were developed with funding from TASH, as part of its Diversity and Cultural Competency in Disability Advocacy Initiative, through a grant from the W.K. Kellogg Foundation. TASH is an international grassroots leader in advancing inclusive communities through research, education, and advocacy. Founded in 1975, TASH is a volunteer-driven organization that advocates for human rights and inclusion for people with the most significant disabilities and support needs—those most vulnerable to segregation, abuse, neglect, and institutionalization. Through research TASH validates inclusive practices shown to improve outcomes for all people. Data and use trends will be submitted in the 2011-2012 progress report to MCHB.

B. Contributing to the body of knowledge, guiding policy and practice

Selected NCCC activities are highlighted in this section of the progress report for their significant contributions to the body of knowledge, including the published literature, and in guiding policy and practices. While a number of these activities were not funded through the MCHB Cooperative Agreement, they are commensurate with the goals and objectives of the NCCC, HRSA, and national goals related to the elimination of racial and ethnic disparities in health and mental health care.

Public Policy

NCCC faculty was invited by the Deputy Assistant Secretary, Office of Minority Health (OMH), U.S. Department of Health and Human Services, to be a member of the National Program Advisory Committee (NPAC) for the National CLAS Standards Enhancement Initiative. 2010 marks ten years of implementation of the CLAS standards and the OMH has launched an effort to ensure that the standards remain current and appropriate for the upcoming decade. NCCC faculty accepted the invitation. The role of the NPAC members is to provide consultation and guidance to the OMH to: (1) critically examine the CLAS standards, originally promulgated in 2000, for their relevance and applicability to the 21 century; (2) launch new and innovative marketing initiatives for the CLAS standards; (3) coordinate the CLAS standards enhancement initiative with the Affordable Care Act (health care reform) and other cultural and linguistic competency standards (e.g. Joint Commission, National Committee for Quality Assurance); and (4) promulgate an enhanced version of the CLAS standards in December 2011. To date NCCC faculty has participated in a two-day NPAC meeting convened in January 2011 and a structured review of the CLAS Standards; participated in an interview and survey; and provided feedback individually and through small working groups. NCCC faculty promoted expanding the definition of culture beyond race and ethnicity, including other non-ethnic cultural groups such

B. Contributing to the Body of Knowledge, Guiding Policy and Practice (cont'd)

as individuals with disabilities and those who self-identify as LGBTQ to the population of people impacted by CLAS.

Books chapters written by NCCC faculty

Three book chapters written by NCCC faculty were either published or completed for publication during the reporting period including the following. See publication listing in Attachment A of this report. Additionally, permission was sought and granted for NCCC resources to be included in text books and e-books for education and health professionals.

Families with African American Roots. NCCC faculty were invited by Eleanor Lynch and Marci Hanson (Eds.) to contribute a chapter entitled “Families with African American Roots” to their book, *Developing Cross-Cultural Competence: A guide for working with children and their families*. This book is considered the gold-standard text on cross-cultural competence, the fourth edition of this trusted bestseller prepares professionals to honor different customs, beliefs, and value systems as they work with young children and families. The chapter explores the historical origins and contemporary “lived experiences” of African Americans in the United States. It examines the great diversity among this group of people from the perspectives of values, traditions, religiosity and spirituality, language, and racial, ethnic, and national identity. It describes the strengths, resilience, rich heritage and way of life of African American families. It also delineates the internal and external struggles of African American families as they continue to strive for acceptance, respect, and inclusion in American society. The chapter is based on the philosophy that interventionists need to be knowledgeable of the history, contextual realities, and the related dynamics in order to provide services and supports that are effective, meaningful, and appropriate for the cultural diversity within this population of children and families. The book will be published late summer 2011. Click here to access the publisher’s announcement.

<http://www.brookespublishing.com/store/books/lynch-71639/index.htm>

- ***End of Life through a Cultural Lens.*** There is conspicuous absence in the extant literature of content that addresses the intersection of culture and end of life for the population of people who experience disabilities and their families. The chapter entitled, *End of Life through a Cultural Lens*, makes a significant contribution to the field by introducing a new conceptual model, “Convergence of Cultural Contexts”, within the systems most encountered in at the end of life including family, health, legal, community and social networks, and spirituality or faith community. The chapter offers approaches to address myriad cultural differences and to integrate culturally and linguistically competent policy and practices into end-of-life care for individuals with intellectual and other developmental disabilities for a broad audience including administrators, educators, health policy makers, service providers, and advocates. The book, ***End-of-Life Care for Children and Adults with***

▪ **B. Contributing to the body of knowledge, guiding policy and practice (cont'd)**

▪ ***Intellectual and Developmental Disabilities*** is edited by Sandra Friedman and David Helm. The book is described as a unique reference created by a physician and medical sociologist which is the only resource to addresses in-depth the medical, social, legal, and ethical issues in end-of-life care that people with intellectual and developmental disabilities face from youth to old age. It was published in 2010 by the American Association on Intellectual and Developmental Disabilities. Click here to access <https://bookstore.aaid.org/BookDetail.aspx?bid=98>

▪ ***The Essential Role of Cultural Competency in Addressing Racial and Ethnic Health Disparities in the African American Community***. NCCC faculty were invited to contribute to what is described as the “definitive text on diabetes in the African American community”, edited by Leonard Jack, Ph.D. MSc., CHES, Associate Dean for Research, Director, Center for Minority Health & Health Disparities Research and Education, Endowed Chair of Health Disparities, College of Pharmacy, Xavier University. The chapter examines four aspects of cultural competence to address disparities in diabetes for African-American populations. It explores the role of culture in diabetes prevention and self-management, how cultural competence can shape services and programs, the importance of culturally competent clinicians in diabetes care for African-Americans and the challenges that the “culture of medicine” presents to achieving this goal. It also addresses the role of cultural competence in organizations and institutions to support culturally competent clinicians, care, and community engagement. This book was published in 2010 by Hilton Publishing Inc.

Book chapters written by other authors

A total of 7 permission requests were granted to include NCCC checklists in book chapters and e-books during the reporting period. The requests spanned a range of disciplines including nursing, special education, nutrition, and early childhood. The demand for the checklist confirms their applicability and utility across disciplines and educational settings. Moreover, the demand documents the need for cultural and linguistic competence in preparing the future and supporting the existing workforce. Selected books include:

Chart3.

Book Title	Publisher
Core Curriculum for Transcultural Nursing	University of Medicine and Dentistry of New Jersey, School of Health Related Professions
Safety and Nutrition in Early Education	Wadsworth Cengage Learning
Including Students with Special Needs: A Practical Guide for Classroom Teachers	Pearson Publishing

B. Contributing to the body of knowledge, guiding policy and practice (cont'd)

Book Chapter Reviews

NCCC faculty was asked to review one chapter written by other authors that were published in 2010 including the following.

Sias, J., O'Connell, M., Berch, J. Salie, I., & Taylor, R. (2010). Race, Ethnic and Religious Issues. In L. Borgelt, M.B. O'Connell, J. Smith, & K. Calis. *Women's Health Across the Lifespan: A Pharmacotherapeutic Approach*. Bethesda, MD: American Society of Health-System Pharmacists.

Guiding Policy and Practice through the Reach and Power of the Internet

From March 2, 2010 through February 2, 2011, the NCCC website had **66,080** visits with **169,104** page views. These web hits represented **53,275** unique visitors to the site. The website had visits from **136** countries. Figure 6 depicts the distribution. Outside of the United States, the top five countries were **Australia, Canada, Philippines, United Kingdom and Mexico**. Visitors to the site came mostly from search engines, however about a third came directly to the NCCC site, indicating a good awareness of the program and another almost a third were referred from other sites that list NCCC as a resource. Figure 7 depicts the distribution of traffic sources. One referral source is the HRSA website section on Culture, Language and Health Literacy Resources. Within these pages, there are links to an array of NCCC products and web features including: the CLCPA, the CLCFOA, curriculum enhancement modules, self-assessment checklists, promising practices, and the Spanish language portal. The HRSA Web site uses the NCCC's definition of linguistic competence and links to the NCCC website for the full definition.

Figure 6. World Wide Distribution of Website Users

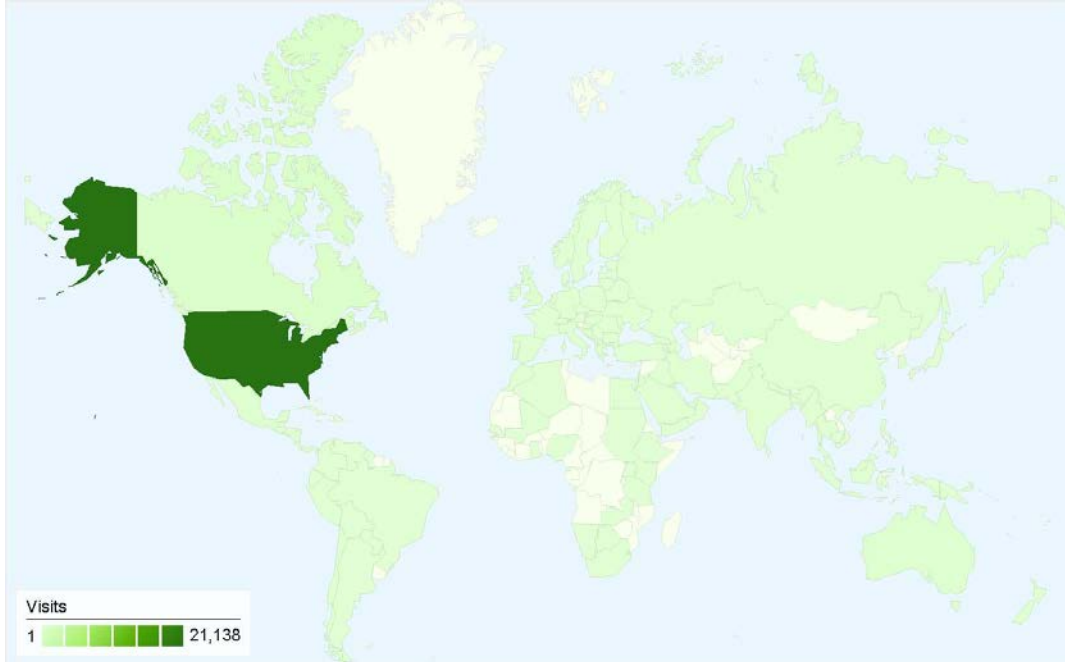
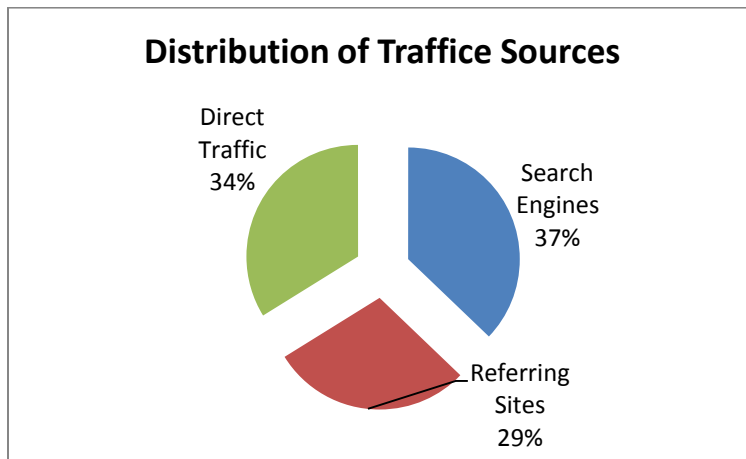


Figure 7. Traffic Sources for NCCC Website



The most viewed pages reflected a high interest in the foundations and frameworks for cultural and linguistic competence, the NCCC’s resources and publications, and the topics of cultural and linguistic competence self-assessment for both individuals and organizations. The resources are designed to assist organizations and individuals address disparities in health and mental status and care, understand the role of culture and language in the social determinants of health, and also use a life course approach.

B. Contributing to the body of knowledge, guiding policy and practice (cont'd)

Technical Assistance Requests

The NCCC continues to receive technical assistance (TA) requests across all projects that totaled **340** during the reporting period. The NCCC received **25** TA requests for the CYSHCN project, **6** for SUID/PL Project, **21** for DRTE, **32** for Mental Health, and **256** General TA Requests. See Table 4. The NCCC responded to TA requests from **45** states and territories. The majority of requests were for cultural and linguistic competence content expertise and permission to use/adapt materials and products. See Table 4 for a listing.

Table 4. Number of Technical Assistance Requests by NCCC Project Category (N = 340)

Children and Youth with Special Health Care Needs (CYSHCN) Project	Sudden Unexpected Infant Death Syndrome/Child Death and Pregnancy Loss (SUIDS/CD/PL) Project	Division of Research, Education and Training (DRTE) Project	Mental Health Services and Programs	Other
Number of TA Requests for the CYSHCN project (N = 25)	Number of TA Requests for the SUID/CD/PL (N = 6)	Number of TA Requests for the DRTE project (n = 21)	Number of TA Requests (N = 32)	Number of TA Requests (N = 256)
States & Territories requests for TA	States & Territories requests for TA	States & Territories requests for TA	States & Territories requests for TA	States, Territories, Countries, & International requests for TA
AK, CT, DC, GA, IL, IN, MA, MD, ME, MI, MS, NC, ND, OH, OR, PA, TN, TX, UT, VA, WA	AK, DC, FL, MD	AL, CT, IL, MD, MO, MT, NY, PA, UT, VA, VT, WI	AL, CA, LA, MD, ME, MN, MS, NC, NJ, NY, OH, OR, TN, TX, VA	AL, AZ, CA, CO, CT, DC, DE, FL, GA, IA, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OH, OR, PA, RI, TN, TX, UT, VA, VI, VT, WA

Permissions to Use or Adapt NCCC Resources & Publications

From 6/1/10- 2/15/11, **132** requests for permission for web site links and to adapt, modify, use, and disseminate a variety of NCCC products. Of the 132 organizational and individual requests, **19** requests for permission were denied because the intended use was inconsistent with the design and stated use of the materials or resources. Some who requested permission (N=17) did not respond to the NCCC faculty's requests to review and approve planned adaptations of products/materials. In all, a total of **93** permissions were granted, representing **102,505** points of dissemination. Table 4 provides organizational information, intended use, and points of dissemination of spread of the materials and resources. These data continue to demonstrate the need, applicability, and utility of NCCC products and resources.

B. Contributing to the body of knowledge, guiding policy and practice (cont'd)

An analysis of data indicates that the majority of organizations requesting permission to use and disseminate NCCC resources and information are colleges and universities (N =39), followed by community services (N= 21), and healthcare organizations (N=13). See Figure 8.

Figure 8. Permission Requestors by Type

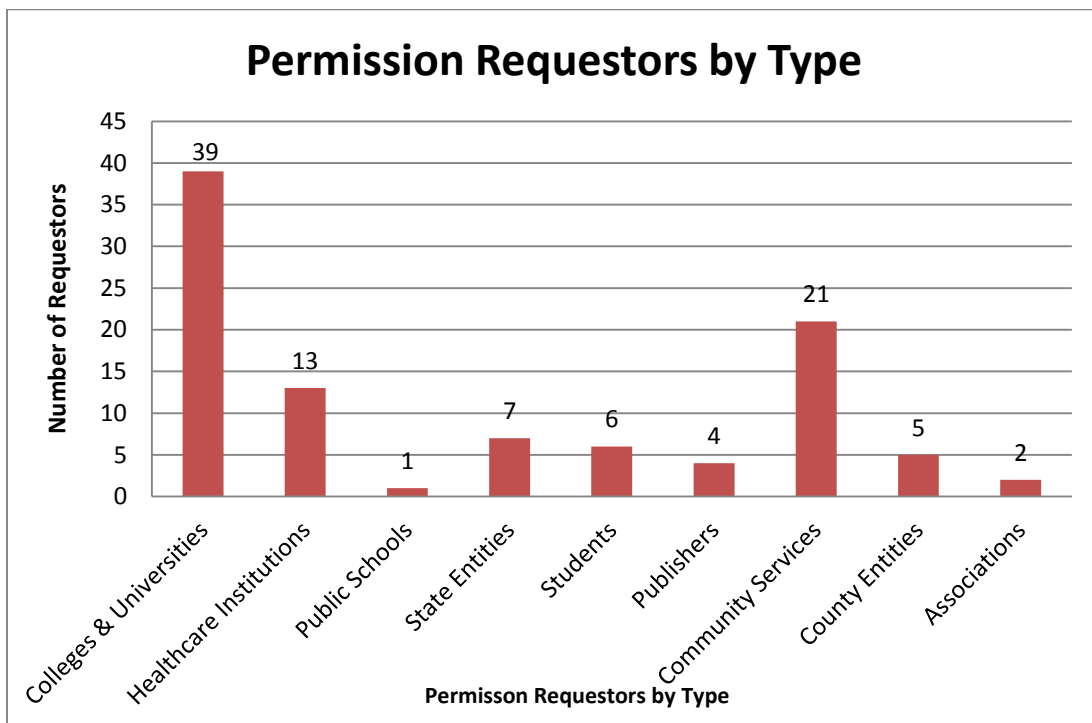


Figure 9 depicts that of the resources and tools for which permission was requested, **73%** were for assessment tools and checklists (Cultural Competence Health Practitioner Assessment, Cultural and Linguistic Competence Policy Assessment, and four of the self-assessment checklist). The remaining **27%** of permission requests were for guides, PowerPoint presentation slides, videos of project faculty, definitions, curricula enhancement module series, and links to the NCCC web site. Figure 10 depicts resources and publications requested by selected category.

Figure 9. Materials Requested

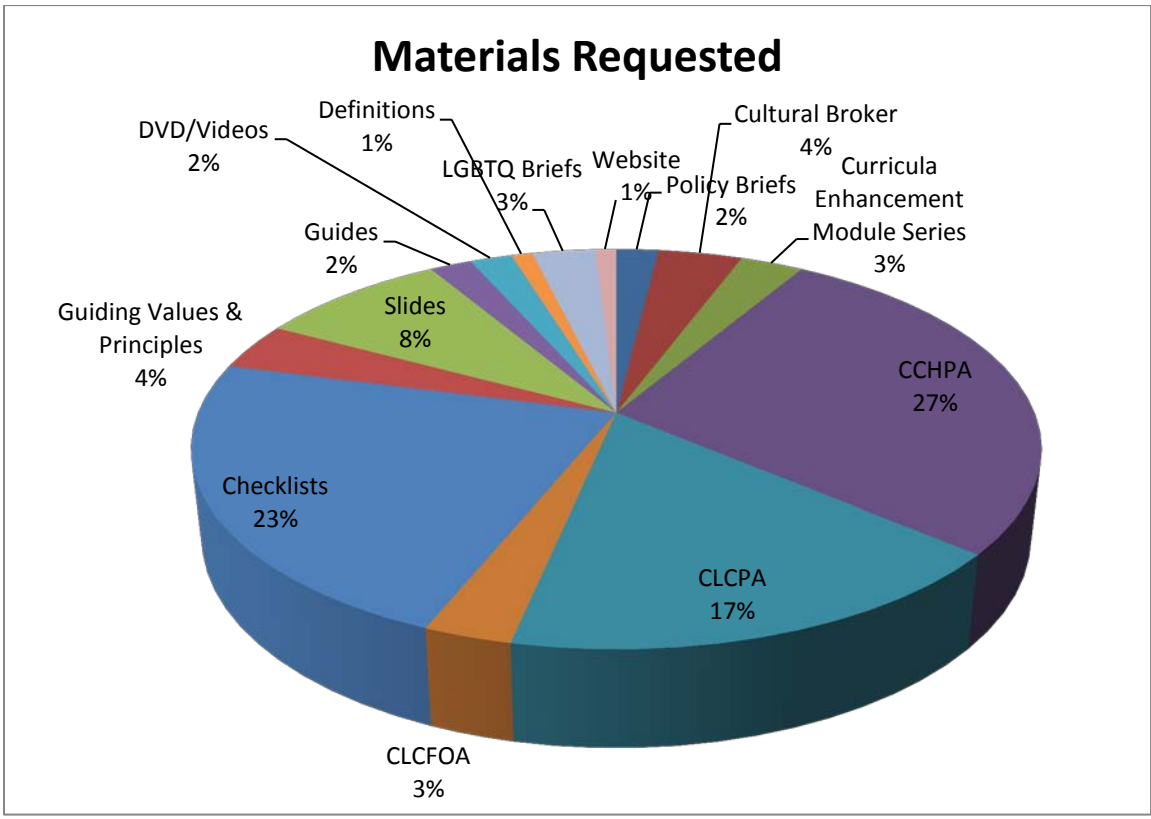
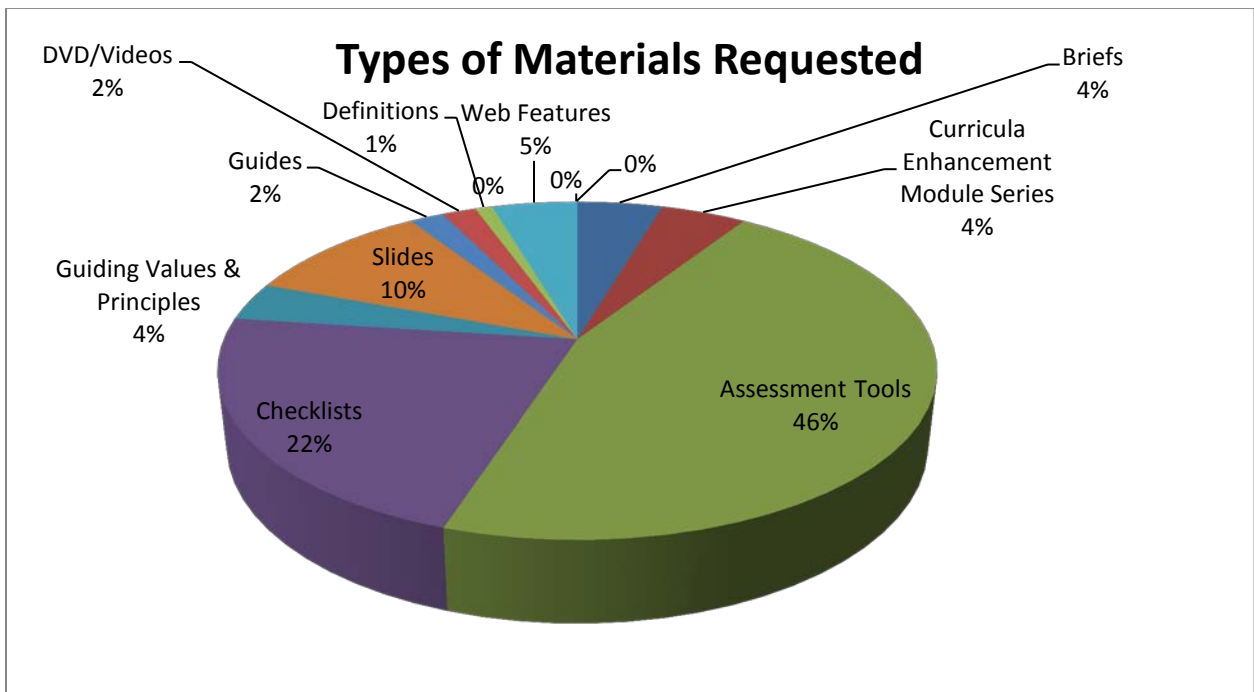


Figure 10. Materials Requested by Selected Category



B. Contributing to the body of knowledge, guiding policy and practice (cont'd)

Guiding Policy and Practice by Expanding the Impact on Other HRSA/MCHB-funded Programs Related to CYSHCN

The NCCC has expanded its reach to provide consultation to other HRSA/MCHB-funded programs concerned with children with special health care needs and their families.

- ***National Center for Hearing Assessment (NCHAM)***. During this reporting period, the NCCC provided consultation, technical assistance, and training to NCHAM in support of the Early Hearing Detection and Intervention (EHDI) programs. Project faculty conducted a four-hour preconference sessions for the 2011 annual EHDI conference. Evaluation data administered by EHDI indicated that the session was the highest rated in the conference. Data from the evaluation administered by the NCCC indicated that participants found the information presented highly relevant and beneficial to their roles and affiliations within EHDI programs. In addition, CYSHCN faculty attended and presented at the Texas State-wide EHDI or TEHDI conference convened in Dallas, TX August 13 and 14, 2010.

- ***National Coordinating and Evaluation Center for Sickle Cell Disease and Newborn Screening (NCEC)***. During the reporting period NCCC faculty continued a collaborative relationship with the NCEC team by serving as content expert and conducting review of translated web-based features for Spanish speaking individuals and families with Sickle Cell Disease. NCCC faculty wrote a letter of support and collaboration for the NCEC's application to MCHB for continued funding.

- ***Traumatic Brain Injury Grantees (TBI)***. NCCC faculty continued its collaboration with TBI project staff to incorporate concepts, themes, and content related to cultural and linguistic competence into conferences and grantee meetings. CYSHCN faculty presented during the 2010 annual TBI grantee conference convened in Cary, NC in October 2010. Evaluation results compiled by the TBI program indicate that the plenary was well received.

- ***Governor's Children's Council of Maine***. In conjunction with THRIVE of Maine, convened a comprehensive group of statewide stakeholders concerned with issues affecting Maine's youth. NCCC project faculty served on the planning committee provided technical assistance and training during this activity to insure the inclusion of cultural and linguistic competence in systems of services for youth.

Guiding Policy and Practices for Children and Youth with Mental Health Challenges through DHHS SAMHSA Initiatives

While not funded by the HRSA/MCHB, NCCC faculty are supported on another Cooperative Agreement with the Substance Abuse Mental Health Services Administration (SAMHSA), and continue impact policy and practice for the system of services and supports for children and youth with special health care needs and their families.

B. Contributing to the body of knowledge, guiding policy and practice (cont'd)

▪ *Leadership to Address Disparities in Mental Health Care*

The NCCC participated in the adaptation and implementation of the second *Georgetown University Leadership Academy to Address Disparities in Mental Health Care* that was convened in Santa Fe, NM in August, 2010. The Leadership Academy is an intensive course of study comprised on three months of preparatory activities and a four-day residential learning experience. A primary goal for the 50 participants was to gain knowledge and skills to serve as agents of change and lead efforts to address disparities in their respective settings. The academy will be offered again in August 2011 with NCCC faculty assuming a major role. This leadership academy is a component of Eliminating Mental Health Care Disparities Initiative (EMHD), an expansive effort within SAMHSA's Center for Mental Health Services (CMHS). The August 2011 offering of the Leadership Academy was not part of the original EMHD Initiative, but was later added due to the success of the two previous academies that were conducted.

NCCC faculty co-led a session on *Family Leadership to Address Disparities in Mental Health Care* for the Federation of Families for Children's Mental Health at its National Meeting in Atlanta in November 2010. A similar session was conducted for Bristol-Myers Squibb Foundation grantees, funded to address the elimination of mental health disparities at Morehouse School of Medicine in November 2010.

▪ *Healthy Transitions Initiative*

NCCC faculty has been active in the provision of technical assistance activities linked to the *Healthy Transitions Initiative* (HTI). This SAMHSA initiative is directed to states and localities to develop policies and practices that will facilitate positive transition of youth with mental health challenges to formal and informal services and supports that are appropriate for them as young adults. The intent of the initiative is to provide guidance on how to fill the gap between children's services for which these youth lose eligibility due to age and the adult services that are often designed for middle age and older adults. NCCC faculty assisted in the planning and implementation of HTI Grantees meeting in April, 2010 including a workshop developed and conducted by NCCC faculty and young adults on cultural and linguistic competence. NCCC faculty co-presented for the National Technical Assistance Center's Webinar Series in June, 2010, and co-presented with families on the same theme for the Federation of Families Meeting in November, 2010. In addition, NCCC faculty is a part of a learning community established by the National Network to Eliminate Disparities on Transition Aged Youth. This particular network has a focus on youth with mental health challenges who are aging out of the child welfare system, particularly youth of color; youth who are gay, lesbian, bisexual, transgender, questioning, intersex or two-spirit, and other youth from marginalized populations.

B. Contributing to the body of knowledge, guiding policy and practice (cont'd)

▪ *Building Bridges Initiative*

NCCC faculty stimulated the development of a workgroup within the Building Bridges Initiative (BBI) to have a dedicated focus on cultural and linguistic competence. The BBI initiative is designed to bridge the work of community based, system of care oriented providers and residential treatment providers to create continuum of services that operate within the values and principles of “systems of care” and promote appropriate use of community and residential services. NCCC faculty led an organizing workshop at the BBI Summit in June, 2010 in Omaha, NE. NCCC faculty serves as an advisor to the Cultural Competence Committee. To date, the Committee has identified its leaders and members, created its mission statement, and developed a work plan that has been approved by the BBI Steering Committee. A proposal has been submitted to SAMHSA’s CMHS Eliminating Mental Health Disparities Initiative for funding to assist with its work.

▪ *Rural Behavioral Health*

NCCC faculty participated in the second Behavioral Healthcare Symposium for Children’s Mental Health conducted in Phoenix, AZ in September 2010. This symposium represented the continued investment by SAMHSA’s Center for Mental Health Services and partner organizations in the strengthening of mental health services for children and youth in rural regions of the country. Although there is documented disparities between rural, urban and suburban communities, NCCC faculty highlighted the disparities that exist within rural communities relating to race, ethnicity, faith community, etc. NCCC faculty organized and co- led a workshop during this symposium entitled, *Disparities within Disparities: A Look at the 5A’s through the Eyes of Persons of African Heritage in Rural America*. This was followed by a webinar for the CMHS Rural Behavioral Health Webinar Series entitled, *Promoting Behavioral Health Equity for African American Children and Families Living in Rural America* in February 2011.

C. Influencing Academia

The NCCC continues to conduct an array of activities that influence academia to: (1) integrate values, policy, structures, and practices of cultural and linguistic competence into all aspects of health professions training; (2) apply cultural and linguistic competence to research; (3) engage culturally and linguistically diverse communities to address health and mental health disparities; and (4) examine the role of culture and language in the social determinants of health and life course approach within MCH. NCCC faculty served as visiting scholars; invited lecturers for both Georgetown and other universities/colleges and community forums; conducted faculty development activities; and taught residency training programs and service learning for medical students. Please refer to Table 7 in the Appendix for listings of presentations and training.

C. Influencing Academia (cont'd)

Selected Highlights

Curricula Enhancement Modules

The Curricula Enhancement Modules continue to be an important way of supporting faculty and students in both MCHB-funded training programs and the broader health care professional education community. From March 2, 2010 to February 2, 2011, **859** new individuals registered to use the modules and there were **686** repeat visits from previously registered individuals. Of the new users **297** identified themselves as being from MCHB-funded training programs (Table 3. presents the breakdown by type of program. Registrants were asked to identify their reasons for accessing the modules (registrants could choose more than one reason.) Of particular interest is the fact that **394** indicated that they were accessing the modules for personal learning, which continues to be the most frequently cited reason. The next most cited reason (**184**) was that using the material/resource is required or desired as part of coursework. This suggests that there is still a need to provide faculty and students with ways to increase their own knowledge and skills related to cultural and linguistic competence. Another **100** listed faculty development as their goal. Interestingly, **27** noted that organizational policy requiring them to increase their knowledge about cultural and linguistic competence led to them accessing the modules. The discipline with the most registrants during the reporting period (**109**) is nursing. Of the new users, **266** were students and **247** were faculty.

Table 3. Distribution of MCHB Training Programs

Registering for the Curriculum Enhancement Modules

Type of Program	Number of Registrants
Adolescent Health	8
Continuing Education/Knowledge to Practice	37
Developmental-Behavioral Pediatrics	5
Distance Learning	30
LEND	12
Nursing	109
Nutrition	11
Pediatric Dentistry	2
Pediatric Pulmonary Centers	1
Schools of Public Health	33
Social Work	45

C. Influencing Academia (cont'd)

Diversity in MCH Training Peer Collaborative

The NCCC is partnering with the MCH Training Resource Center to facilitate the Diversity in MCH Training Peer Collaborative. This initiative designed to support expanded partnerships and activities aimed at increasing the racial and ethnic diversity of trainees and faculty in MCH Training Programs. Since the last reporting period, the first cohort of five state teams completed the yearlong learning collaborative. In July 2010, the MCH Training Resource Center and the NCCC faculty convened a face-to-face closing forum designed to share lesson learned, celebrate accomplishments, identify future technical assistance needs, and elicit ways to involve the first cohort of state teams as mentors for the second round of the collaborative. Outcomes of the first collaborative included web-accessible multimedia resources on lessons learned, effective strategies and other materials that can be disseminated across MCH interdisciplinary training programs.

Georgetown University School of Medicine

- ***Social and Cultural Issues in Health Course.***

NCCC faculty were invited to plan and jointly teach a course for Georgetown School of Medicine entitled *Social and Cultural Issues in Health*. During the reporting period NCCC faculty gave three lecture sessions for all students in the School of Medicine on basic definitions and frameworks for cultural and linguistic competence in practice settings, cultural health beliefs and practices, and the role of cultural and linguistic competence in addressing health and mental health care disparities. NCCC faculty also served as preceptors for first year medical students and provided structured small group sessions to process information and their responses to content presented during the course. This was the first year of collaboration and student evaluations were positive. NCCC faculty will meet with their School of Medicine colleagues to plan for 2012 course offering.

- ***Service Learning.***

NCCC faculty served as preceptors for first year medical students for their service learning course requirements conducted in community settings in the District of Columbia. Faculty focused on supporting students to understand the dynamics of difference and the cultural contexts in which they were placed, including but not limited to: issues of race, ethnicity, language, and class; age and gender roles and expectations; adapting to culturally-based learning styles of populations of served; and cross-cultural communication. Service learning opportunities were designed for students to practice concepts and approaches taught in the Social and Cultural Issues in Health course.

C. Influencing Academia (cont'd)

Influencing academia through advisory committees and boards

During the reporting period, NCCC faculty served on an array of national advisory boards and committees that impact policy and practice within institutions of higher education across multiple disciplines and systems that include but are not limited to:

- Board of Directors, American Association of University Centers on Disabilities (AUCD);
- AUCD Multicultural Council
- Technical Advisory Committee, Project ACTION, Center for Health Professions, University of California-San Francisco
- External Advisory Committee, Xavier University Center for Minority Health and Health Disparities Research and Education

Permissions to Use or Adapt NCCC Resources & Publications

From 4/1/10- 2/15/11, the NCCC received **132** requests for permission for web site links and to adapt, modify, use, and disseminate a variety of NCCC products. Of the 132 organizational and individual requests, **19** requests for permission were denied because the intended use was inconsistent with the design and stated use of the materials or resources. Some who requested permission (N=17) did not respond to the NCCC faculty's requests to review and approve planned adaptations of products/materials. In all, a total of **93** permissions were granted, representing **102,505** points of dissemination. For a complete listing of permission requests, including organizational information, intended use, and points of dissemination or spread of the materials and resources please see Table 8. in the Appendix. These data continue to demonstrate the need, applicability, and utility of NCCC products and resources.