



National Center for Cultural Competence

THE CULTURAL COMPETENCE Exchange

ISSUE 4 • FALL/WINTER 2001

This edition...

- takes a closer look at self-assessment processes in cultural competence
 - provides updates from Federal partners
 - gives description of expanded partnerships
 - describes current & future activities
 - highlights selected accomplishments
 - features interviews with Federal partners and other constituents
 - features perspectives from youth and family on transition to adult health care delivery systems
 - updates & profiles NCCC personnel
 - provides announcements/special recognitions
- and much more!!*

Overview of the NCCC

The National Center for Cultural Competence (NCCC) has experienced significant growth since the last edition of the Cultural Competence Exchange was published. The NCCC has expanded its mission, the array of partners with which it collaborates, and its faculty and staff. Since its inception, the NCCC has assumed a national leadership role in the area of cultural competence in health care and human service systems. The NCCC has been in the forefront of innovation related to cultural competence by contributing new knowledge to the field with emphasis on policy development. The NCCC has received recognition for the design and implementation of national training events, product development and dissemination activities. The NCCC was initially funded in 1995 by the Maternal and Child Health Bureau, Division of Services for Children With Special Health Needs, to enhance the capacity of Title V programs to deliver culturally competent services. Recognition of the NCCC's exemplary activities inspired other Federal agencies to pursue partnerships. Currently the NCCC shares partnerships with two Federal Departments, two Federal administrations and nine of their

respective bureaus, divisions, branches, offices and programs.

The NCCC conducts an array of activities to fulfill its mission including: (1) training, technical assistance and consultation; (2) networking, linkages and information exchange; and (3) knowledge and product development and dissemination. Major emphasis is placed on policy development, assistance in conducting cultural competence organizational self-assessments, and strategic approaches to the systematic incorporation of culturally competent values, policy, structures and practices within organizations.

The NCCC is a component of the Georgetown University Child Development Center and is housed within the Department of Pediatrics of the Georgetown University Medical Center. It is funded and operates under the auspices of Cooperative Agreement #U93-MC-00145-07 and is supported in part from the Maternal and Child Health program (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services. Goal II of the Cooperative Agreement allows structures and provisions for these Federal partnerships.

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Mission

The mission of the National Center for Cultural Competence (NCCC) is to increase the capacity of health care and mental health programs to design, implement and evaluate culturally and linguistically competent service delivery systems.



Expanded Partnerships

The NCCC welcomes new partnerships with the following Federal agencies.

Within MCHB

- **The Division of Research, Training, & Education (DRTE).** The NCCC is: (1) providing training, technical assistance and consultation to DRTE personnel on selected topics related to cultural and linguistic competence, and (2) developing a report of current efforts and needs for related cultural and linguistic competence for university training programs in maternal and child health funded by DRTE.
- **The Healthy Tomorrows Partnership for Children Program (DRTE).** Healthy Tomorrows is a collaborative program of the Federal Maternal and Child Health Bureau and the American Academy of Pediatrics. The Healthy Tomorrows program works toward improving the health status of mothers, infants, children, and adolescents from low-income populations through community partnerships. It addresses four key areas: access to health care, community-based health care, preventive health care, and service coordination. The NCCC is providing an array of activities for Healthy Tomorrows program including: (1) planning and participating in the annual conference, (2) conducting targeted technical assistance for grantees; and (3) incorporating cultural and linguistic competence into Healthy Tomorrows grant review processes.

Within BPHC

- **The Office of Pharmacy Affairs (OPA).** The OPA Clinical Pharmacy Demonstration Projects are funded to provide comprehensive pharmacy services to improve health care outcomes of patients in Federally Qualified Health Centers. The NCCC is providing consultation to increase awareness of the relevance of cultural and linguistic competence in the pharmaceutical field, with a particular focus on the OPA Clinical Pharmacy Demonstration Projects. This includes such activities as: (1) reviewing a series of publications, being developed by the Association of Clinicians for the Underserved, to assist medical directors and pharmacy administrators to develop comprehensive pharmacy services; (2) presentations at national meetings including the American Association of College Pharmacy; and (3) developing topical articles for dissemination on the Internet.

Within the Department of Education

- **The Federal Interagency Coordinating Council (FICC).** The FICC serves as the mechanism for Federal agencies with common programmatic goals to model and facilitate coordination of resources to strengthen the service system for children with disabilities and their families, as mandated by P.L. 105-17—The Individuals With Disabilities Education Act (IDEA). The NCCC is conducting several activities to enhance the capacity of the FICC to address the needs of culturally and linguistically diverse populations eligible for services under IDEA including: (1) plan, implement and evaluate a symposium for federally-funded IDEA technical assistance providers; (2) ascertain the needs of IDEA technical assistance providers related to cultural and linguistic competence; and (3) provide professional development activities for the FICC federal representatives.

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Federal Partners

The NCCC is a collaborative project between the Georgetown University Child Development Center and the following Federal government agencies:

Health Resources and Services Administration

Maternal and Child Health Bureau (MCHB)

- Division of Services for Children With Special Health Needs (DSCSHN)
- Sudden Infant Death Syndrome and Other Infant Death Program (SIDS/ID)
- Division of Research, Training and Education (DRTE)
- Healthy Tomorrows Partnership for Children Program/DRTE

Bureau of Primary Health Care (BPHC)

- Office of Minority & Women's Health (OMWH)
 - Office of Pharmacy Affairs (OPA)
- Other target BPHC programs include Community Health Centers, Migrant Health Centers, Health Care for Homeless grantees, Healthy Schools, Healthy Communities grantees, Health Services for Residents of Public Housing, Primary Care Associations and Offices.

Bureau of Health Professions (BHP)

- National Health Service Corps (NHSC)
- Division of Scholarships and Loan Repayments (DSLRL)

Office of Minority Health (OMH)

- HRSA Cultural Competence Committee

Department of Education

Federal Interagency Coordinating Council (FICC)

Although the FICC project is not under the auspices of the Cooperative Agreement, the Statement of Work for this effort is directly related to increasing the capacity of Federal agencies and their funded programs and partners, to incorporate culturally competent policies and practices.

NCCC Selected Highlights and Accomplishments

Since October 2000, the NCCC responded to over 500 technical assistance (TA) requests ; hosted over 40,000 web hits; and conducted over 30 trainings & professional development activities.

Training, Technical Assistance and Consultation

Selected Technical Assistance Requests Since October 2000

The NCCC...

- Provided CSHN checklist for distribution to 8,000 Title V and others concerned with public health for the National Child Health Day.
- Served as an expert member in the MCHB Five-Year Strategic Plan panel.
- Submitted Policy Brief 2: *Linguistic Competence in Primary Health Care Delivery Systems to Closing the Gap*, the newsletter of the Office of Minority Health with a distribution of over 32,000.
- Facilitated the Conference Planning Committee for the National Faith-Health Leadership Forum.
- Provided consultation on a new campaign to decrease disparities in infant mortality for Prenatal, Child and Adolescent Health.
- Provided resources on promising practices/programs in the elimination of barriers to health care for the American Academy of Family Physicians.
- Granted permission for the use of CSHN self-assessment checklist in curriculum for University of Colorado, School of Nursing, "First Start Care of Infants, Toddlers and Young Children with Disabilities—Chronic Conditions" for a distribution of 5,000.
- Interviewed and featured in an article, "When Physicians and Patients 'Speak a Different Language': The Difficult Quest for Cultural Competency", for the monthly magazine of the Association of American Medical Colleges, *The Reporter*, with over 10,000 subscribers.
- Consulted with the Association of SIDS and Infant Mortality Programs to infuse culturally and linguistically competent practices into their Standards for Service.
- Participated on the advisory committee for the American Academy of Pediatrics to reduce the risk of SIDS.
- Featured interview in *Healthcare Collaborator*, an online newsletter with 15, 000 subscribers.
- Provided materials on self-assessment tools, state legislation, and guidelines on the incorporation of cultural and linguistic competence into contract language, practice and policy for the Family Health Branch, MCH, Georgia Department of Health Resources.
- Collaborated with the American Academy of Pediatrics to infuse culturally and linguistically competent principles and practices into their Medical Home curricula for children with special health needs.

Sudden Infant Death Syndrome/ Other Infant Death Program

KATHLEEN FERNBACH

President, Association of SIDS and Infant Mortality Programs, (ASIP)

"In this past year, ASIP published several documents that were reviewed and critiqued by the NCCC, including counseling implications on various aspects of SIDS/ID and a guidebook on how to design an evaluation plan of SIDS programs.

We sent drafts of these documents to Suzanne Bronheim, (Director, SIDS/ID Project) who had several people at NCCC review them and send their comments back. Some of their feedback included clarifying the language, in terms of the cultural competence/diversity perspective. We incorporated their feedback in the final draft of these documents. Also, the NCCC consulted with us for ASIP's Standards of Services."

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NCCC Selected Highlights and Accomplishments *continued*

Selected Presentations Conducted by the NCCC Since October 2000

- Agency for Health Care Quality and Research, National Academy for State Health Policy, Tucson, AZ
- American Dental Education Association National Conference, Chicago, IL
- American Medical Association Bi-annual National Coalition on Adolescent Health, Washington, D.C.
- American Public Health Association Annual Meeting, Boston, MA
- Annual Annie E. Casey Community Health Summit, Washington, D.C.
- Association of SIDS and Infant Mortality Programs, Alexandria, VA
- The ARC's 51st National Convention, Birmingham, AL
- Center for Communities in Action—BPHC, Public Housing Primary Care Annual Conference, Washington, DC
- Centers for Disease Control and Prevention, Tuberculosis Education & Training Network, Atlanta, GA
- Comprehensive Community Mental Health Services for Children and their Families, Grant Community Meeting, Rio Grande, Puerto Rico
- Institute for Leaders in State Title V CSHN Programs Workshop, Arlington, VA
- National Association of Community Health Centers, Chicago, IL
- National Coalition for Health Professional Education in Genetics Annual Meeting, Bethesda, MD
- National Fetal and Infant Mortality Review Conference, Washington, DC

- National Health Care for the Homeless Conference, on working with Faith-Based organizations, Washington, D.C.
- National Health Service Corps Annual Conference Series, Orlando, FL, San Jose, CA, McLean, VA
- National Perinatal Association, Milwaukee, WI
- New Jersey Department of Health, First National Summit on Nutrition, Breastfeeding and Cultural Competence, New Brunswick, NJ
- Northwest Regional Primary Health Association & Community Health Centers of Mountain and Plains States, Seattle, WA

Networking, Linkages, and Information Exchange

Advisory and Executive Committee Structures

The Executive Committee is a new structure, specifically designed to facilitate linkages and utilize resources most effectively across the various projects of the NCCC. The membership is comprised of representatives from each Federal partner agency and key constituency groups. The Committee will develop a joint agenda and identify collaborative activities related to cultural and linguistic competence. NCCC advisory committee members are affiliated with diverse organizations such as:

- American Academy of Pediatrics
- Association of Clinicians for the Underserved
- Association of Maternal Child Health Programs
- Association of SIDS & Infant Mortality Programs
- Blue Care Network of Michigan

- California Office of Multicultural Health
- Division of Migrant Clinicians Network
- Family Voices
- Great Lakes Inter Tribal Council
- Intertribal Council of Michigan
- Iowa Child Health Specialty Clinics
- March of Dimes
- Minority Health Communications
- National Institute for Child and Human Development, NIH
- Office of Minority Health, DHHS
- Rio Grande Liquillo Community Health Centers
- University of Massachusetts
- University of Medicine & Dentistry of New Jersey
- Washington Department of Health
- Wind Hollow Foundation

Consultant Pool

The NCCC maintains a pool of consultants with expertise in cultural and linguistic competence for a broad range of health, mental health, and human service areas. They have experience at the national, regional, state, local and agency levels.

- If you are looking for a consultant, please contact us at 1-800-788-2066.
- If you are interested in applying to the consultant pool, you can download the application from the NCCC Web site or contact Maria Ellis at 1-800-788-2066.

NCCC Selected Highlights and Accomplishments

Knowledge and Product Development and Dissemination

NCCC products are available at <http://gucdc.georgetown.edu/nccc/>. Please complete one of our online evaluations!



These are some of the products the NCCC has developed and disseminated over the past year.

- The NCCC developed the **Policy Brief series** to facilitate the systematic incorporation of cultural and linguistic competence into organizational policy and structures. Briefs 1-4 are available online.

Policy Brief 4—Engaging Communities to Realize the Vision of 100% Access and 0 Health Disparities: A Culturally Competent Approach

which provides a rationale and guidance in the development of policy for community engagement.



- **A Planner's Guide...Infusing Principles, Content and Themes related to Cultural and Linguistic Competence into Meetings and Conferences** has been used in the planning and implementation of numerous state, regional and national meetings. The guide was used to plan the Grant Community Meeting for the Comprehensive Community Mental Health Services for Children and Their Families in



Puerto Rico, and the Families at the Heart of Early Intervention Conference in Washington, D.C.

- **Sharing a Legacy of Caring: Partnerships between Health Care and Faith-Based Organizations** helps interested



parties learn more about the opportunities, benefits and challenges of these partnerships.

- **Cultural Competence Health Practitioner Assessment (CCHPA)**. The CCHPA is designed to support the BPHC, and its funded programs, to enhance the delivery of high quality services to culturally diverse individuals and underserved communities. It is also intended to promote cultural competence as an essential approach for practitioners in the elimination of health disparities

among racial and ethnic groups. The NCCC is in the early stages of pilot testing the CCHPA in community health centers.

- **Cultural Competence Policy Assessment (CCPA)**. The CCPA targets the primary cultural groups identified as having racial/ethnic disparities in health by the BPHC/HRSA/DHHS. It is intended to support the BPHC, and its funded programs in (1) improving health care access and utilization, (2) enhancing the quality of services within culturally diverse and underserved communities, (3) promoting cultural competence as an essential approach in the elimination of health disparities. The NCCC is in the early stages of pilot testing this tool as well. It is based on the work of James Mason, NCCC Senior Consultant, who is the author of the Cultural Competence Self Assessment Questionnaire (CCSAQ).
- **Pending Publications**—These will be available in the near future in hard copy and on the NCCC Web site.
 - Planning & Implementing Cultural Competence Organizational Self-Assessment
 - Organizational Self-Assessment: Lessons Learned from State Title V/CSHN Programs
 - Policy Brief 5: Integrating Culturally & Linguistically Competent Mental Health Services in Primary Health Care
 - Policy Brief 8: Cultural Competence in Welfare Reform: Implications for Individuals & Families with Mental Health Needs.

The NCCC is continuing to expand the Policy Brief series to include relevant topics for the CSHN/MCHB and SIDS/ID Programs.

Updates & Highlights from Federal Partners

Diana Denboba



NCCC Federal
Project Officer

Public Health
Analyst, Division
for Children with
Special Health

Needs, MCHB, HRSA

A Focus on Self-Assessment

The Integrated Services Branch of the Division of Services for Children with Special Health Needs (DSCSHN) welcomes you to our 4th edition of the *Cultural Competence Exchange*. Since our last special edition in 1999, the NCCC has continued to enhance the capacity of Title V organizations to provide culturally and linguistically competent services. One way in which this is being accomplished is through organizational self-assessment. This process has been undertaken by some Title V and public health programs and is now being expanded for clinicians and piloted with programs supported by our HRSA partner, the Bureau of Primary Health Care. We have chosen to highlight cultural competence organizational self-assessment because it can be such a useful tool in identifying strengths and areas of growth for planning and evaluation activities. This process involves consumers who often bring a different perspective on the extent to which systems and providers incorporate family-centered, culturally and linguistically competent practices. Self-assessment can be challenging, yet it can provide valuable insight and help in systems development and quality improvement activities.

As we move forward, the role of self-assessment will be included in other NCCC activities conducted in collaboration with DSCSHN/MCHB. This includes: (1) the CSHCN Topical

Conference Call series, (2) Regional Conferences for Title V CSHCN and MCHB directors, (3) State MCH/CSHCN Title V Block Grant plans, (4) family advocate training, (5) outreach for culturally and linguistically diverse populations and (6) our other programmatic priorities.

Recent highlights

- The Institute for Child Health Policy, University of South Florida, under the direction of John Reiss and Deanna Lamar has assisted us in promoting cultural competency in its' annual Institute for Leaders in CSHCN Programs and Tri-Regional Conferences.
- MCHB will have new performance measures in cultural and linguistic competence, with input from Suganya Sockalingam and the research team at the Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.
- The American Academy of Pediatrics has incorporated cultural competence in its Medical Home training program for pediatricians, with the expertise of NCCC's Wendy Jones.
- The Joint Commission on Accreditation of Health Care Organizations published a monograph entitled, *Assessing*

Patient Learning Needs, that provides guidance in meeting their standards. This monograph includes the checklist *Getting Started... Planning, Implementing and Evaluating Culturally Competent Service Delivery Systems in Primary Health Care Settings: Implications for Policy Makers and Administrators* developed by the NCCC.

- *Closing the Gap*, the newsletter from the Office of Minority Health, featured various articles in the January 2000 edition focused on *Moving Toward Consensus on Cultural Competence in Health Care*. This edition includes the checklist developed by the NCCC for children with special health needs, *Getting Started...Planning, Implementing and Evaluating Culturally Competent Service Delivery Systems for Children With Special Health Needs and their Families: Implications for Policy Makers and Administrators*. This newsletter is distributed to over 32,000 individuals and organizations.

As you read this issue of the *Cultural Competence Exchange*, you will learn of additional activities on the part of our many other partners in the Cooperative Agreement. We hope to spark an interest in cultural competence organizational self-assessment that is consistent with

Significant Achievement!

The DSCSHN integrated culturally and linguistically competent values, principles, and guidelines in "The 2010 Express: a 10-Year Action Plan to Achieve Community-Based Service System for Children and Youth with Special Health Care Needs and their Families". This plan has been jointly developed by MCHB, American Academy of Pediatrics, Family Voices, the March of Dimes and other organizations. Tawara Goode, Suganya Sockalingam and Suzanne Bronheim represented NCCC on various committees. A kick-off for the 2010 Express was launched this Fall during the National Child Health Day celebration in Rockville, Maryland assisted by NCCC's own, Marisa Brown. For more information on the 2010 Express see [mchb.hrsa.gov].

Updates & Highlights from Federal Partners

your current program needs. Read about the New Mexico experience—a mammoth undertaking! The NCCC conducted a state-wide self-assessment process in all four health districts. With district level and family input, this process is ongoing and exciting. I would like to extend my appreciation to all of the stakeholders at our previous pilot demonstration sites. I also extend my thanks to the leadership and staff of NCCC. I particularly want to say “thank you” to the author of the CCSAQ, Dr. James Mason, Portland State University, and I look forward to our continued working relationship.

Your Feedback is Requested!!

To assist us, I would like feedback from you on cultural and linguistic competent activities you have embarked upon, with NCCC and on your own. What have been your experiences? What have been your outcomes? Share with us and give us your recommendations for future growth in this arena. 301-443-9332 or [ddenboba@hrsa.gov].

Sharon Barrett



*Director, Office of
Minority and
Women's Health,
BPHC, HRSA*

During a recent interview for this newsletter, Ms. Barrett expressed excitement about the two new tools that were developed and are currently being pilot-tested in community health centers nationally. She stressed the positive impact of the Policy Brief series. “The feedback we’ve gotten is that people take them, photocopy them, and use the tools/strategies included with them,

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A Tribute to Dr. Marilyn Gaston

Uncompromising Vision to Eliminate Health Disparities in the United States



The NCCC would like to commend the visionary contribution of Dr. Marilyn Gaston in the effort to eliminate health disparities in the U.S. She set the standards high—initiating a campaign at the Bureau of Primary Health Care that has become embodied in the Bureau’s mission “...moving toward 100% access to health care and eliminating disparities based on race, ethnicity, gender, age, sexual preference, or income”.

This campaign has drawn the participation of 275 community leadership teams, who are already achieving significant results and providing thousands of additional, underserved people with access to health care! Up to \$100 million in increased resources has been added for safety net programs and services for underserved populations. In August 2000, this Campaign was awarded the prestigious “Business Solutions in the Public Interest” award sponsored by the Federal Office of Procurement Policy, the Council for Excellence in Government, VISA, USBank, Fedbid.com and Government Executive magazine.

Dr. Gaston recognized the importance of cultural and linguistic competence in achieving the goal of *100% Access and 0 Health Disparities*. She advocated for the incorporation of cultural and linguistic competence both within the Bureau and its funded program. She provided leadership by emphasizing these principles in numerous public forums, and by allocating resources to increase the pool of practitioners who are knowledgeable and skilled in the provision of health services to diverse populations in underserved communities.

Somehow Dr. Gaston found time to write a book on health and wellness with co-author Dr. Gayle Porter! *Prime Time: The African American Woman's Complete Guide to Midlife Health and Wellness* was published this year by Ballantine Books. Congratulations!!

Dr. Gaston is leaving the BPHC for an opportunity to continue to work for the elimination of health disparities. Thank you for your tireless and inspiring leadership, Dr. Gaston!

Updates & Highlights from Federal Partners *continued*

such as the checklists, and apply them in their centers. The policy briefs are not simply an esoteric or academic exercise...they were designed to provide really practical information that can be used by those individuals in community settings."

Regarding future collaborative activities with the NCCC, Ms. Barrett stated that "...the whole issue around cultural and linguistic competence is of the utmost importance." She emphasized the BPHC's role in the President's Initiative on increasing access for community health centers. "We can serve the targeted population more effectively by understanding their cultural health beliefs as well as their health practices. If you want good health outcomes, then you are going to want to understand cultural health beliefs. The mission of the NCCC is to promote this understanding and enhance capacity."

Paul S. Rusinko



Director, SIDS and Other Infant Death Program, MCHB, HRSA

Mr. Rusinko provided the following update on collaborating with

the NCCC:

The NCCC has conducted a number of activities for the SIDS/ID program to inform individuals who have a role in shaping policy at the Federal, state and local levels to address issues of cultural and linguistic competence. **Needs assessment.** The NCCC conducted a national needs assessment to determine the extent to which cultural and linguistic competent principles, structures, policies and practices are incorporated in the broad range of SIDS/ID programs. The findings concluded that there is a lack of: (1) personnel with knowledge and

skills related to cultural competence, (2) State legislative mandates to fund SIDS programs; and (3) funding to support cultural competence efforts. **Literature review.** The NCCC also conducted a literature review to ascertain the degree to which issues of cultural competence are addressed in the current body of literature concerned with SIDS/ID. One objective of the literature review was to recommend future directions for SIDS/ID research that will systematically incorporate methodology and salient issues related to cultural competence.

In the upcoming year, the NCCC SIDS/ID Project will have a new focus. The NCCC will conduct a range of activities that build capacity for cultural and linguistic competence through initiating state and local demonstration sites. I look forward to this new endeavor. I also look forward to continuing this productive relationship with the NCCC as we work to meet the challenges and make a difference in the SIDS/ID community by increasing the cultural and linguistic appropriateness of services to those impacted by this tragic experience.

Ann Drum

Director for Division of Research, Training and Education, MCHB, HRSA

This is a highlight from a recent interview with Dr. Drum. "We realized that we really needed some training and technical assistance ourselves to assure that we were doing the best we could to ensure the cultural competence of this next generation. We think our work with the NCCC is critical to that. In addition, we have over 150 grantees at various universities for health care and public health. We are looking forward to training and technical assistance for ourselves, but also we

are looking forward to the NCCC determining the needs out there among these very different universities and then tailoring the cultural competence training and technical assistance accordingly."

Jose Belardo



Director, Healthy Tomorrows Partnership For Children Program, MCHB, HRSA

The Maternal and Child Health Bureau's Healthy Tomorrows Partnership for Children Program is partnering with the NCCC to provide technical assistance to grantees to assure the incorporation of cultural and linguistic competence into program policies and practices. Through this new partnership, grantees will be able to access the NCCC via a toll free line, Web site and e-mail to make technical assistance requests. An additional component of the collaboration will be the convening of two topical conference calls. This past March the NCCC presented a plenary session for the annual grantee meeting.

Jeanne Willis

Senior Public Health Analyst, Office of Minority Health, HRSA

During an interview, Dr. Willis expressed enthusiasm for a number of activities in the initial planning stages intended to support cultural competence efforts agency-wide within HRSA. "We would like to begin cultural competence training for our senior level executives and mid-level managers and begin an organizational assessment at HRSA." The NCCC has provided technical assistance through the Office of Minority Health to augment the work of the HRSA Cultural Competence Committee.

The Role of Self-Assessment in Achieving Cultural Competence

An overview of self-assessment from Tawara Goode, NCCC Director

Essential elements in achieving cultural competence

The NCCC embraces a conceptual framework and model for achieving cultural competence adapted from the work of Cross et al., 1989. Cultural competence requires that organizations and their personnel have the capacity to: (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of individuals and communities served. Consistent with this framework, a focus of the NCCC is the provision of technical assistance to conduct self-assessment within health care and human service agencies. The focus includes assessment instruments and processes for both organizations and individuals.

The importance of self-assessment

The NCCC supports the concept that cultural competence is a developmental process and evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. 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.

The NCCC views self-assessment as an ongoing process, not a one-time occurrence. Self-assessment can lead to the development of a plan with clearly defined short- and long-term goals, measurable objectives and identified resources. It can also provide a vehicle to measure outcomes for personnel, organizations and the community at large.

Selected NCCC accomplishments

The NCCC has invested a significant proportion of its resources to accomplish the following.

Organizational level:

- modified an instrument to assess cultural competence at the policy making/administrative, practice/service delivery and consumer/family levels
- adapted a focus group protocol for use with consumers/family members of CSHN as an aspect of the self-assessment process
- conducted self-assessment processes for Title V CSHN/MCH programs in seven states and facilitated eight focus groups in four states
- developed and conducted an initial pilot test of a tool for community health centers designed to identify organizational policy that supports the provision of culturally and linguistically competent care
- developed and pilot tested a consumer focus group protocol for community health centers
- developed checklists that promote cultural competence in policy develop and administration for

primary health care, language access, research and community engagement

- presented over **10** key note addresses and workshops on organizational self-assessment at national conferences

Individual level:

- developed four self-assessment checklists to heighten awareness and sensitivity to the importance of cultural competence specifically targeted to personnel in early childhood, early intervention, primary health care, children with special health care needs, and SIDS/infant mortality
- disseminated over **35,000** copies of these checklists in venues such as conferences, technical assistance, in publications, and via the NCCC Web site.
- developed and conducted an initial pilot test of a tool, specifically designed for health care practitioners to identify their strengths and areas of growth in the provision of culturally and linguistically competent care.
- conducted over **40** workshops for diverse audiences using the checklists.

The NCCC will continue to document and disseminate “lessons learned” from self-assessment processes throughout the three remaining years of the Cooperative Agreement. This will include the publication of a monograph and a “how-to guide” for CSHN/MCH programs, Web-based articles and resources, topical conference calls, and regional meetings, conference presentations and workshops.

Announcements

- The NCCC's CSHN/MCH Project announces a series of topical **teleconference calls** for the MCH/CSHN Directors and Regional Consultants. The teleconference calls will last between 1 and 1½ hours. Please check the NCCC Web site for dates, topics, and registration information. Special thanks to **Mr. Gregory A. Franklin, M.H.A.**, Chief, Office of Multicultural Health, California Department of Health Services, for his presentation on the October 4th conference call, "Language Access: Implications for State MCH/CSHN Programs".
- **Selected highlights from the teleconference series will be posted on the NCCC Web site, including suggested references and resources.**
- The NCCC will conduct two topical conference calls for the grantees of Healthy Tomorrows for Partnership for Children Program. Please check the NCCC Web site for details.

Tribute

Congratulations to Dr. Gaston on retiring from the Public Health Service after 20 years and directing the BPHC for 11 years. The faculty and staff of the NCCC commend your past efforts and wish you well in all future endeavors, including those that address the elimination of racial and ethnic disparities in health and health care access for all.

Perspective from Key Stakeholders

The NCCC conducted several interviews with key stakeholders who have been involved in the development and testing of the Cultural Competence Health Practitioner Assessment and the Cultural Competence Policy Assessment.

Interviews with...

Denice Cora Bramble, M.D.

Senior Medical Advisor, BPHC, HRSA

Dr. Cora-Bramble gave the following responses when asked about the importance of cultural competence self-assessment to the health practitioner.

"The practitioners are able to do as much as an organization allows them to do; if the organization as a whole is culturally competent, then that is fertile ground for the practitioner to practice in a culturally competent way."

"If the organization doesn't support cultural competence, the practitioner will be limited in what he/she can do. For instance, when we are talking about the issue of language barriers, even though there are creative and cost-effective solutions to obtaining translation or interpretation services, the organization may have to bear some sort of cost. If the organization for some reason doesn't feel that this is relevant, or they don't want to incur the cost even if they do feel it is relevant, that hinders what the practitioner can do."

"The organizational self-assessment can serve as a learning tool and a preamble to designing effective teaching/training modules. It can be revealing in pinpointing to an organization what areas need improvement and also identifies areas of need for those who provide training. We at the Bureau of Primary Health Care collaborated with the NCCC to develop two tools that measure the cultural competence of the practitioner as well as the policy and the organization—these tools enhance the self-assessment process".

James Mason, Ph.D.

Senior Project Consultant for the NCCC



Dr. James Mason is a Senior Project Consultant for the NCCC. He is currently a professor at Portland State University, Graduate

School of Social Work. He is the author of the Cultural Competence Self-Assessment Questionnaire (CCSAQ, 1996).

The reason for self-assessment

"I think the reason one does cultural competence self-assessment is important. The CCSAQ is not designed to give anyone a rating, but to help identify ways to improve services for diverse and underserved populations."

Promote growth without labeling

"Timing is so important in assessment. We want to help inspire and promote people's growth. We compare an individual only to him or herself; or an organization to itself, over time. We don't compare apples and oranges. In other words, we don't make comparisons between two different individuals or two different organizations. With cultural competence, it doesn't matter where you are when you first assess yourself, it matters where you are the next time you are assessed, that is, individual or organizational growth. By paying attention only to the score, we might miss out on determination, commitment, growth, and maturation. These are far more important to the evolution of cultural competence."

Design relevant training

"Self-assessment helps prevent someone from designing services or even interventions for an agency that are irrelevant. For example, agencies often hire

trainers they've heard about, that do exciting workshops, but is it what they need? Self-assessment helps make organizations more informed about the marketplace for training, particularly in the area of diversity."

Often, current staff can do it!

"Assessment helps agencies to identify talents among their current staff, including their ability to conduct training. For example, in any service system, you have people from diverse religious backgrounds, languages, experience, etc. When we seek training, we often bring in an outsider. However, in many cases, there are staff within the agency who have the skills, talent and credibility to offer practical training that meet our needs. Through a cultural competence self-assessment, organizations can identify talents of staff that are often overlooked, especially in larger agencies, where administrators might not know the staff individually."

Win-Win situation...

"The assessment process can give a sense of validation to staff who may feel unrecognized, underutilized. It gives the agency access to the practical expertise of the staff, who are often working 'in the trenches' and have valuable experiences to share."

Fred Swan

Executive Director, Springfield Southwest Community Health Center

Fred Swan is the Executive Director of the Springfield Southwest Community Health Center (SSCHC) Inc. in Springfield, Massachusetts. Mr. Swan volunteered his program as the first pilot site for both the Cultural Competence Policy Assessment instrument and the Cultural Competence Health Practitioner Assessment instrument. The site visit was conducted in early August 2001.

Mr. Swan states that he has been a proponent of the Bureau of Primary



Participants in the pilot-testing at SSCHC

Health Care's motto of 100% Access, Zero Health Disparities since its inception. "I believe that this philosophy has to have a theoretical framework from which to determine how services will be delivered," said Mr. Swan. He believes that cultural competence provides that framework.

Mr. Swan points out that the diversity of the country has changed dramatically in the past few years, as evidenced by the rapidly expanding immigrant community. "The traditional health care system is not ready", states Mr. Swan, "If you believe in 100% Access and Zero Health Disparities, this dictates that the system be tailored to integrate culturally and linguistically competence practices". He believes that these practices should become the standard way of doing business in the health care system, much like successful businesses that have learned to target specific, diverse populations. Mr. Swan notes that people may make **one** visit to a community health center, but they won't return to receive long-term services unless they have trust and confidence in the health care provider. Mr. Swan sees cultural competence as key to this: "Cultural competence builds trust and confidence in the system. It is cost-effective, morally right, and it makes good business sense".

Mr. Swan points out that one of the reasons that community health centers are cost-effective is due to the fact that comprehensive services are made available to culturally and linguistically diverse populations, thus making early detection of health problems possible, before higher costs are incurred to treat complex diseases.

A · W · A · R · D · S

Merle McPherson, M.D., M.P.H.,

Director's of MCHB's DSCSHN recently received the Presidential Rank of Distinguished Executive, in recognition of her exemplary work on "medical homes"—designed to "ensure access to culturally competent, family-centered and comprehensive health care" to children with special health care needs and their families. Congratulations, Dr. McPherson!

Diana Denboba, NCCC Federal Project Officer, recently received two awards, for "sustained commitment" and "outstanding achievement" from the U.S. Department of Health and Human Services for her work in Supporting Fatherhood Leadership. Applause! Applause!

The NCCC was awarded the Health Resources and Services Administration, **Citation for Outstanding Group Performance**, "for an outstanding and specific contribution which has had a substantial impact toward advancing the mission of the agency", September 2000.

The New Mexico Experience

Brief Overview

The NCCC conducted a statewide cultural competence organizational assessment of the Children's Medical Services, Family Health Bureau, Public Health Division, New Mexico Department of Health. This was a year long, collaborative and multifaceted effort that involved many stakeholders. The NCCC commends New Mexico's Title V/CHSN program for its insight and courage to undertake such a resource intensive process. The process involved:

- collaborative planning;
- convening family/consumer focus groups in five major areas of the state (Albuquerque, Gallup, Roswell, Las Cruces and Espanola);
- site visits to the four health districts;
- personnel and stakeholder training activities;
- administering three versions of the CCSAQ (consumer, practitioner/service provider, administrator) and analyzing a total of 200 questionnaires;
- compiling reports of assessment results statewide and for each of the five districts;
- on-site debriefing with key Title V/CHSN personnel and stakeholders;
- on-site collaborative strategic planning process; and
- providing ongoing technical assistance and consultation activities to the Title V/CHSN program and stakeholders.

The following are perspectives from a family member and the Title V/CHSN program on the benefits and outcomes of the self-assessment process.



Kokopelli

Vicki Galindo

Family Liaison, Parents Reaching Out, Project Dream Catchers

"The site visit in March 2001 to New Mexico from the National Center for Cultural Competence sparked several learning opportunities in the Southwest Region. The diverse cultures in New Mexico offer many rich experiences if we take the time to build connections among people. The more information we have to help us understand and respect other cultures, the better prepared we are to help families. The positive outcomes of the NCCC site visit include: newsletters, articles, technical assistance, information and system dialog. The visit helped us grow!"

Lynn Christiansen

Program Manager, Children's Medical Services, Family Health Bureau, Public Health Division, New Mexico Department of Health

As a result of the cultural competence organizational self-assessment, conducted by the NCCC, Children's Medical Services (CMS) has identified areas of growth at the state and districts levels in each of the four districts served by CMS in New Mexico.

State level. Four areas have been identified for statewide attention. These include: (1) development of a mission statement specific to CMS' commitment to building cultural competence; (2) planning and developing a statewide interpreter service; (3) pursuing salary differential for employees with language proficiency other than English; and (4) pursuing grant funding that will support staff development activities.

District level. Based on assessment results, each district defined priorities, identified organizational structures to be addressed, and targeted activities for population groups. Categorical highlights follow:

Organizational Policies & Structures

- Each district will develop a cultural competence committee comprised of CMS staff, providers and families.
- CMS and the districts will include an eight-hour requirement in the area of cultural competence on employee's Performance Appraisal and Development Plan.
- CMS will establish a plan to offer salary differential to compensate employees who are proficient in languages other than English.

Service Delivery & Practice

- Districts are developing protocols for the provision of services to diverse groups (i.e. specifically pueblos, immigrant, undocumented populations).
- CMS is soliciting input from the districts and other sources for a "Best Practice in Cultural Competency" for a guidance document on the delivery of services and supports to New Mexico's diverse populations.

- CMS and the districts will work with community providers (clinics, hospitals, HMOs, specialists/private practitioners) on improving access to health care and service delivery to diverse populations, particularly those with limited English proficiency.
- Establish district-centralized networks of medical interpreters.

Family, Consumer & Community Involvement & Participation

- Identify, formalize and implement methods to involve families in the provision of feedback to the districts.
- Develop and disseminate a CMS newsletter and/or provide articles to existing newsletters with a special emphasis on cultural and linguistic competence.

Professional development

- The following professional development and continuing education activities are being planned and conducted to enhance language proficiency of personnel including:
 - training and information dissemination on Title VI language access provisions,
 - participation in Spanish medical and developmental classes,
 - provision of information, support and resources to personnel interested in becoming certified medical interpreters, and
 - inclusion of content on cultural competence and related themes in presentations at each quarterly CMS District meeting.

Update & Profiles of NCCC Personnel

As the work of the NCCC has grown, new faculty and staff have been recruited to increase our own capacity to complete this work successfully.

Tawara Goode, *Director*

Suganya Sockalingam, *Associate Director*

Antonia Brathwaite-Fisher, *Director, Dental Initiative*

Suzanne Bronheim, *Director, SIDS/ID Project*

Marisa Brown, *Director, BPHC Project*

Clare Dunn, *Research Associate*

Maria Ellis, *Project Assistant*

Rosalind German, *Family Supports Specialist*

Kimberly Gordon, *Project Assistant*

Wendy Jones, *Director, MCHB Projects*

Diane Lewis, *Senior Project Assistant*

James Mason, *Senior Consultant*



Meet our new faculty and staff...

Antonia Brathwaite-Fisher, M.A., brings more than 24 years experience working with and on behalf of individuals with disabilities and their families. Before coming to the NCCC in July 2000, Toni directed federally mandated, state-level consumer, advocacy and legal protection programs concerned with developmental disabilities. **Rosalind German**, Family Supports Specialist, joined the NCCC team in January 2001. Roz provides consultation and technical assistance to NCCC staff and faculty and CSHN-MCHB constituency groups regarding the inclusion of the family perspective in all aspects of project planning, implementation, service provision, and evaluation. **Clare Dunn, M.S.W.**, joined us in January of 2001 after years of clinical experience in mental health. Clare is responsible for managing the resources needed for presentations, training, and technical assistance responses as well as performing critical literature reviews and other research tasks. **Maria Ellis, B.S.**, came to the NCCC in May 2001. She has experience with international programs. Maria is currently writing her thesis for her M.A. in International Affairs from Georgetown University. She manages the consultant pool database, exhibits NCCC display for conferences, and supports faculty in other activities. **Kimberly Gordon, B.A.**, began in March 2001. Kim works with the team on planning meetings, fielding incoming technical assistance requests, and supporting the development of products.

And Promotions...

Diane Lewis, B.S., was promoted to Senior Project Assistant to manage the growing administrative demands as the NCCC expands. Diane now supervises two Project Assistants, manages logistics for all conferences, meetings and demonstration sites, and supports the Director and Associate Director in day-to-day operations.

Youth and Family Perspectives on Transitioning to Adult Health Care

Rosalind German, NCCC Family Supports Specialist

The Division of Services for Children With Special Health Care Needs, MCHB, has established six indicators to *Measuring Success* for children with special health needs and their families. These outcomes/performance measures are articulated in the Division's goals for Healthy People 2010. *Measuring Success* addresses two critical issues for families and youth with special health care needs or disabilities who are transitioning to adult health care.

- All youth with special health care needs will receive the services necessary to make appropriate transitions to all aspects of adult life, including adult health care, work and independence.
- All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need.

As youth with special health needs begin to transition to the next phase in their lives, they must contend with their independence. This includes employment, housing, personal finances, recreation and many other areas we all face as adults. Planning for the future needs of a young person is an arduous process. Some areas of transition are addressed by school systems through the requirements of the Individuals With Disabilities Education Act (P.L. 105-17). There is however, no systematic approach required by legislation that governs transition to adult health care and insurance coverage for youth with special health needs or disabilities.

Transitioning to adult health care can be a frightening and sometimes overwhelming process for both parents and youth. This article is based on interviews with parents and young adults with special health needs or disabilities. It provides perspectives on transitioning from pediatric/adolescent care to adult health care systems.

Scarcity of knowledgeable health care providers

First and foremost, parents, family members and young adults with special health needs or disabilities expressed fear in changing from pediatric/adolescent care to adult care because they were unable to identify health care practitioners who were familiar with their unique needs. One young person described a particular concern. "My pediatrician and I had a good rapport about my health needs. When I had shunt problems at age twenty, she was able to immediately identify the issue just by looking into my eyes and assessing a few other symptoms. I don't know if that will be possible with my new doctor because she doesn't know me that well and I'm her first patient with Spina Bifida." This is typical of the kinds of concerns also expressed by parents on behalf of their children.

Developing rapport, trust and confidence with adult health care providers

Developing rapport, trust and confidence with a new health care provider was a concern voiced by all young people interviewed. They were concerned about how long it

would take to develop a relationship and how receptive the health care provider would be to their needs.

Adapting to new service delivery approaches

Parents were concerned that the manner in which services would be delivered would be quite different in many respects. Pediatric/adolescent care actively involves the parent and/or other family members. This is not typically the case with adult care, which tends to focus only on the patients with the assumption that they can manage their health care independently.

Changes in health care coverage & insurance

Parents expressed concerns about the impact of changes in health care coverage for young adults with chronic illness or disabilities. Under some insurance plans a variety of conditions must be met in order to maintain coverage. In some cases, families found it necessary to access Medicaid because their children no longer met the age or dependent status criteria of their private insurance. One parent shared an experience in which transition took place very abruptly for her son with special health needs. The insurer's policy limited the health care practitioner's ability to serve patients to those 21 years and younger, although the practitioner and family thought the ceiling was 25 years. This resulted in an interruption of care for her son. Additionally, because her son had complex needs, there was inadequate time to prepare with a new health care practitioner.

THINGS TO DO TO PREPARE FOR TRANSITION

What parents/families can do...

As parents begin the process of transitioning their young adults from pediatric/adolescent care to adult health care, these considerations may be helpful in supporting your child through this process.

1. Find out the policies regarding the age and service policy limits for your child's pediatric/adolescent practice.
2. Find out your health care insurer's policy regarding the age limit of services under pediatric/adolescent care.
3. Begin discussing transition at 14-15 years of age with both your child and the health care provider.
4. Foster the development of an independent relationship between your child and his/her health care practitioner. This provides a foundation for developing future relationships with adult health care providers.
5. Request that your pediatric/adolescent health care practitioner recommend an adult provider who is sensitive and knowledgeable of special health care needs and disabilities.
6. Find out how your insurer handles referrals and consultations for transition to adult health care.
7. Explore your state's legal requirements about the need for limited guardianship based on your child's unique needs.

What youth can do...

There are a number of things you may consider as a young person preparing for or transitioning to adult health care.

1. Make a list of questions to ask your prospective health care practitioner such as:
 - Have you ever had a patient with special health care needs?
 - Are you willing to spend time with my pediatrician/adolescent health care provider to gain an understanding of my unique health issues?
 - Do office visits include a time for me to talk to you about my concerns?
 - Can I talk with you directly if I call you on the phone? Do you respond to patient e-mail inquiries?
2. Find out how your health insurance coverage works.
3. Keep a notebook or journal of current medications, specialists and other information that is relevant to your care.
4. Remember that your parents and family members are there to support you, and inform them when issues are too difficult for you to handle alone.

What health care practitioners can do...

As a health care provider who is currently or is preparing to serve youth with special health care needs, consider the following suggestions to help make for a smooth transition process.

1. **Use strategies that involve family for those youth who need and prefer this approach to health care.** Many young people with special health needs or disabilities have received health care within the context of family. Mothers, fathers or siblings have often been a companion, supporter, advocate or facilitator in their care. They have a tremendous investment in the health and well being of their family member with special health needs. Careful consideration should be given to how to involve families, in a meaningful manner, while simultaneously maintaining the highest level of independence and privacy for the youth.
2. **Use culturally and linguistically competent practices.** The concept of *family*, how family is defined and who comprises family is deeply rooted in culture. Perceptions of health, well being, illness and disability are also culturally based. Understanding the implications of these values and beliefs systems will enable practitioners to more effectively serve young adults and their families. Additionally, given how diverse the U.S. society is, health care providers also should consider the need for language access and linguistic competence in their practice.
3. **Use a team approach to facilitate the transition process.** The transition process is facilitated by collaborating with the youth, family members, referring pediatric/adolescent health practitioner and other specialists to gather helpful information. In addition to health care, individuals with special health needs or disabilities often require services and supports from an array of other systems such as social services, vocational rehabilitation and mental health. In some instances, physicians are required to authorize services. Your familiarity with these systems can be of benefit to the young adult and his/her family.
4. **Access resources that may help with both the transition and the delivery of health care to young adults with special health needs.** While there is no Federal mandate that insures transition to adult health care systems, there are resources that can help with this process. One example is the Healthy and Ready to Work demonstration grants funded by MCHB in many states. **For more information, see <http://www.mchbhrw.org/>.**

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