Cultural and Linguistic Competence Family Organization Assessment Instrument

Overview/Purpose

Organizational self-assessment is a necessary, effective, and systematic way to plan for and incorporate cultural and linguistic competency. An assessment should address the attitudes, behaviors, policies, structures and practices of an organization, including those of its board, staff, and volunteers.

While there are many tools and instruments to assess organizational cultural and linguistic competence, none has been specifically developed to address the unique functions of family organizations concerned with children and youth with behavioral-emotional disorders, special health care needs, and disabilities. The Cultural and Linguistic Competence Family Organization Assessment Instrument (CLCFOA) was developed to fill this void. The CLCFOA is intended to support family organizations 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 services and supports they deliver within culturally diverse and underserved communities; and (3) promote cultural and linguistic competence as an essential approach in the elimination of disparities and the promotion of equity.

Your family organization may use assessment results: (1) to provide a summary of the strengths and areas for growth to advance cultural and linguistic competency, (2) for strategic planning, and (3) to improve the array and quality of services and supports offered for families and youth and the communities in which they live.

Conceptual Framework of the CLCFOA

The CLCFOA is based on three assumptions: (1) achieving cultural competence is a developmental process at both the individual and organizational levels; (2) with appropriate support, individuals can enhance their cultural awareness, knowledge and skills over time; and (3) cultural strengths exist within organizations or networks but often go unnoticed and untapped.1 (Cultural competence and linguistic competence, while defined differently in this instrument, are integrally linked.) The CLCFOA and the outcomes of the assessment process are intended to assist family organizations to identify their strengths and areas for growth. The CLCFOA captures a wide range of data including: Our World View, Who We Are, What We Do, and How We Work.
Definitions and Key Concepts

Cultural Competence
The NCCC embraces a conceptual framework and model of achieving cultural competence adopted from the Cross et al., definition. Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitude policies and structures that enable them work effectively cross-culturally.
- 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 the diversity and cultural contexts of the individuals, families and communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and systematically involve consumers, families, and communities.2

Linguistic Competence
Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competence requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. This may include, but is not limited to, the use of:

- bilingual/bicultural or multilingual/multicultural staff;
- cross-cultural communication approaches;
- cultural brokers;
- foreign language interpretation services including distance technologies;
- sign language interpretation services;
- multilingual telecommunication systems;
- videoconferencing and telehealth technologies;
- TTY and other assistive technology devices;
- computer assisted real time translation (CART) or viable real time transcriptions (VRT);
- print materials in easy to read, low literacy, picture and symbol formats;
- materials in alternative formats (e.g., audiotape, Braille, enlarged print);
- varied approaches to share information with individuals who experience cognitive disabilities;
- materials developed and tested for specific cultural, ethnic and linguistic groups;
- translation services including those of:
  – legally binding documents (e.g., consent forms, confidentiality and patient rights statements, release of information, applications)
  – signage
  – health education materials
  – public awareness materials and campaigns; and
- ethnic media in languages other than English (e.g., television, radio, Internet, newspapers, periodicals).3

Culture
There are many definitions of culture. For the purposes of this instrument, the following definition was chosen. Culture is a system of collectively held values, beliefs, and practices of a group which guides decisions and actions in patterned ways.4
Health Disparities
A health disparity is a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory of physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion.5

Equity
For the purposes of this instrument, equity is defined as the equal opportunity to be healthy for all population groups. Equity is the absence of socially unjust or unfair disparities in access to services, quality of services, and health and mental health outcomes.6

Health Literacy
The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Retrieved on 3/4/10 from HP 2010: Health Communication http://www.hrsa.gov/quality/healthlit.htm

Mental Health Literacy

Policy
Policy is defined, for the purposes of this instrument, as a high level overall plan embracing the philosophy, general goals, and acceptable procedures within an organization or governing body. Retrieved on 3/4/10 from http://www.merriam-webster.com/dictionary/Policy

Resiliency
For the purposes of this instrument definitions of resiliency are the ability to:
- recover readily from illness, depression, or adversity; http://dictionary.reference.com/browse/resilience retrieved on 3/4/10

References for Definitions and Key Terms:
Guidelines for Completing the CLCFOA

This set of questions asks that you tell us about what you know and your opinions about how things work in your family organization. Sometimes it may be hard to answer a question—just do your best and check the box that seems the best choice. Please try to answer all questions. There are no right or wrong answers. Remember that it is important to check only one box for each question. Refer to the accompanying document, Guide for Using the Cultural and Linguistic Competence Family Organizational Assessment Instrument, for additional information.

Our World View

This section asks for the perspectives of staff or volunteers about: (1) the family organization’s philosophy, values, and commitment to cultural and linguistic competence, and (2) the extent to which this world view guides organizational behavior and is established policy. It asks about the family organization’s world view of diversity and approaches to inclusion and equity.

Please check only one box per item.

In my view, our organization:

1. Views itself as having responsibility for serving all families.
   - Not at All □ A Little □ Somewhat □ Very Much
   - This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

2. Honors and respects families and youth of diverse cultures.
   - Not at All □ A Little □ Somewhat □ Very Much
   - This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

3. Recognizes the strengths, skills, and resiliency of diverse families and youth.
   - Resiliency refers to recover readily from illness, depression, or adversity; and the ability to recover from or adjust easily to misfortune, change, or stress.
   - Not at All □ A Little □ Somewhat □ Very Much
   - This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

4. Believes that youth and families should be paid for their time and expertise that helps the organization do its work.
   - Not at All □ A Little □ Somewhat □ Very Much
   - This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

5. Is committed to addressing disparities in health and mental health related to:
   a. Race and Ethnicity
      - Not at All □ A Little □ Somewhat □ Very Much
      - This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know
   b. Language(s) Spoken or Used
      - Not at All □ A Little □ Somewhat □ Very Much
      - This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know
In my view, our organization:

c. Gender

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This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

d. Sexual Orientation, Gender Identity or Expression

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This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

e. Geography

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This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

6. Is committed to including persons from diverse communities in all aspects of our work.

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This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

7. Believes that it is important to advocate with and on behalf of diverse communities to:

a. Promote health and mental health equity

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This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

b. Eliminate health and mental health disparities

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This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

c. Promote health and mental health equity

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This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

8. Is committed to diversity in our

a. Board

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This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

b. Leadership

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This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

c. Staffing

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This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

d. Volunteers

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This value is written in our organization’s vision, mission, and/or guiding principles. □ Yes □ No □ Don’t Know

9. Our organization could benefit from some help with addressing cultural and linguistic competence in our vision, mission, and guiding principles.

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Who We Are

This section looks at the diversity of staff and volunteers. It also looks at the training and ongoing development needed to support cultural and linguistic competency.

Please check only one box per item.

1. The diversity of the families, that it is our mission to serve, is reflected in our:
   a. Board [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know [ ] Do Not Have a Board
   b. Organizational Management [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know
   c. Staff [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know
   d. Volunteers [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know [ ] Do Not Use Volunteers
   e. Consultants [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know [ ] Do Not Use Consultants

2. Our organization requires and provides orientation about our philosophy, policies, and practices related to cultural and linguistic competence for all new:
   a. Board Members [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know [ ] Do Not Have a Board
   b. Organizational Management [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know
   c. Staff [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know
   d. Volunteers [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know [ ] Do Not Use Volunteers
   e. Consultants [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know [ ] Do Not Use Consultants

3. Our organization requires and provides regular in-service and/or opportunities for training in cultural and linguistic competency for:
   a. Board Members [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know [ ] Do Not Have a Board
   b. Organizational Management [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know
   c. Staff [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know
   d. Volunteers [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know [ ] Do Not Use Volunteers
   e. Consultants [ ] Yes [ ] No [ ] In Progress [ ] Don’t Know [ ] Do Not Use Consultants
Who We Are

4. Our organization provides mentoring, coaching, and/or supervision to apply cultural and linguistic competency to the work of:
   a. The Board
   b. Organizational Management
   c. Staff
   d. Volunteers
   e. Consultants

   □ Yes □ No □ In Progress □ Don't Know □ Do Not Have a Board

5. Our organization includes knowledge and skills related to cultural and linguistic competency in position descriptions for:
   a. Board Members
   b. Organizational Management
   c. Staff
   d. Volunteers
   e. Consultants

   □ Yes □ No □ In Progress □ Don't Know □ Do Not Have a Board

6. Our organization includes knowledge and skills related to cultural and linguistic competency in performance evaluations for:
   a. Organizational Management
   b. Staff
   c. Volunteers
   d. Consultants

   □ Yes □ No □ In Progress □ Don't Know □ Do Not Use Consultants

COMMENTS:
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What We Do

This section looks at how cultural and linguistic competency applies to the core functions of family organizations, including connecting with families, education, peer-to-peer support, information and referral, advocacy, and advising and partnering.

Please check only one box per item.

Connecting with Families

Our organization:

1. Keeps up-to-date on which population groups live in the area we serve and tracks any changes that take place.

2. Collects demographic data on race, ethnicity, language, and national origin of groups we serve.

3. Uses a process to review demographic data and identify groups not being served.

4. Identifies and works with natural networks of support in diverse communities to increase awareness and acceptance of services and supports we offer. Natural networks of support are the people and organizations that families turn to for help in their everyday lives.

5. Builds relationships with diverse community leaders so that they know about and feel comfortable using the services and supports we offer.

Education

Our organization’s educational activities:

1. Take into account:
   a. literacy levels
   b. language preference and need
   c. the ways that people like to learn (e.g., written materials, workshops, DVDs or videos, conversations, etc.)

2. Have content tailored to the unique needs, concerns, values, and beliefs of diverse cultural groups.

3. Take into account current and past experiences families have had either in the U.S., tribal lands, territories, or in their country of origin.
Our organization’s educational activities:

4. Engage diverse families and community members in:
   a. Design of educational activities
   b. Delivery of educational activities
   c. Evaluation of educational activities

5. Take place at times and in places that are:
   a. convenient for children, youth and families
   b. welcoming for children, youth, and families

Peer to Peer Support

Our organization’s peer to peer support activities:

1. Make sure that diverse families and youth are part of our peer support network.
2. Take culture and language into account when pairing families with peers.
3. Offer different ways of providing peer support that match the ways families and youth of different cultures want to receive support.
4. Engage diverse families and community members in the:
   a. Design of peer-to-peer support
   b. Delivery of peer-to-peer support
   c. Evaluation of peer-to-peer support

Information and Referral

Our organization:

1. Collects and organizes information about resources that exist within diverse communities.
2. Makes referrals to services and supports that take language and culture into account.
3. Conducts follow-up activities with families to determine their satisfaction with the information and referrals provided.
4. Supports families to look for and find information and resources based on their cultural beliefs and practices.
5. Identifies and develops resources, directories, and information in the languages most frequently spoken in the area.
6. Organizes and presents information in formats that are easy to understand and use.
Advocacy

Our organization:

1. Finds out if and how families from diverse backgrounds prefer to advocate for themselves.

2. Adapts strategies for advocacy to the cultural values, beliefs, experiences, and practices of:
   a. immigrant families.
   b. refugee families who have experienced trauma or oppression by government.
   c. families from cultural groups who have been denied power and experienced discrimination throughout history.
   d. families whose cultural values may make it hard for them to challenge authority.
   e. families who prefer not to speak in public.

3. Takes into consideration how culture affects how families choose who can participate in advocacy (e.g., age, gender, status in the family).

4. Uses training and supervision to prepare and support family leaders to advocate for and with families from cultures other than their own.

5. Advocates for systems of services and supports that are culturally and linguistically competent.

6. Advocates for systems of services and supports to eliminate disparities based on:
   a. Race and Ethnicity
   b. Language(s) Spoken or Used
   c. Geography
   d. Gender
   e. Sexual Orientation, Gender Identity or Expression
**Advising and Partnering**

**Our organization:**

1. Offers professional development and training activities that include content on cultural and linguistic competency.

   - □ Never
   - □ Seldom
   - □ Sometimes
   - □ Routinely
   - □ Don’t Know

2. Promotes cultural and linguistic competency in our partnership with professionals and institutions (e.g., committees, advisory boards, and projects).

   - □ Never
   - □ Seldom
   - □ Sometimes
   - □ Routinely
   - □ Don’t Know

3. Helps professionals find information and resources to meet the cultural and linguistic preferences and needs of the families we serve.

   - □ Never
   - □ Seldom
   - □ Sometimes
   - □ Routinely
   - □ Don’t Know

4. Provides information to organizations and professionals that work with specific cultural groups, about the unique issues of children and youth with special health care needs, behavioral health needs, disabilities, and their families.

   - □ Never
   - □ Seldom
   - □ Sometimes
   - □ Routinely
   - □ Don’t Know

**COMMENTS:**

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How We Work

This section looks at how the family organization applies cultural and linguistic competency to: (1) structure and funding, and (2) community engagement and leadership activities.

Please check only one box per item.

Our organization:

1. Engages culturally and linguistically diverse communities and makes sure they are active partners in all phases of our organization’s activities including:
   a. Planning    
   b. Implementation    
   c. Evaluation

2. Has dedicated funding in its budget for:
   a. interpretation and translation services.
   b. paying families and youth for their time and expertise to help the organization do its work.
   c. training activities for staff, volunteers, consultants, and board members on cultural and linguistic competency.
   d. creating and adapting our materials and products to match the reading levels and language preferences and needs expressed by families.
   e. development and adaptation of services and supports for diverse families and communities.
   f. data collection and analysis to support cultural and linguistic competency.

3. Ensures cultural and linguistic competency through established:
   a. Policies and procedures    
   b. Practices

4. Includes cultural and linguistic competence in all of its planning activities (e.g., strategic planning, budget planning, program planning, and staffing).

5. Makes sure that culturally and linguistically diverse families and youth are part of the leadership of our organization by:
   a. Active recruitment    
   b. Training    
   c. Mentoring/Coaching
About The 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 competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education and advocacy. The NCCC is a component of the Georgetown University Center for Child and Human Development and is housed within the Department of Pediatrics of the Georgetown University Medical Center.

The NCCC provides training, technical assistance, and consultation, contributes to knowledge through publications and research, creates tools and resources to support health and mental health care providers and systems, supports leaders to promote and sustain cultural and linguistic competency, and collaborates with an extensive network of private and public entities to advance the implementation of these concepts. The NCCC provides consultation to local, state, federal and international governmental agencies, family and advocacy support organizations, local hospitals and health centers, healthcare systems, health plans, mental health systems, universities, quality improvement organizations, national professional associations, and foundations.

Suggested Citation

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