



National
Center
for
Cultural
Competence

THE CULTURAL COMPETENCE *Exchange*

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SPECIAL FEATURE

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

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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.

Achieving Cultural Competence Continued

- 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.

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

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.



Participants in the pilot-testing at SSCHC

The New Mexico Experience



Kokopelli

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;

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The New Mexico Experience Continued

- on-site debriefing with key Title V/CSHN personnel and stakeholders;
- on-site collaborative strategic planning process; and
- providing ongoing technical assistance and consultation activities to the Title V/CSHN program and stakeholders.

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

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.

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. For additional information contact:

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