Partnership
FOR CHILD HEALTH

Organizational Cultural and Linguistic Competency

An Introduction to Cultural and Linguistic Competency

Cross, Bazron, Dennis and Isaacs (1989) defined cultural competence as "a set of congruent behaviors, attitudes and policies that work together in a system, agency or among professionals that enable effect interactions in cross-cultural situations."

Health organizations and systems should integrate diversity, acquisition of cultural knowledge, promote collaborative relationships and individualize services to the needs of children, youth and families. Organizational cultural and linguistic competency requires a comprehensive and coordinated plan that includes interventions at the policy, structural, program administration and evaluation and service delivery levels. Organizational cultural and linguistic competency is a strategy to eliminate health disparities and optimize the health and well-being of children, youth and families therefore creating a stronger and healthier community. Health equity is the concept that everyone should have equal opportunity to live a long and healthy life. Health equity, the study of the causes of health disparities, requires organizational and systems leaders to question the fair distribution of resources, promote meaningful participation of marginalized populations, and analyze the social determinants of disparities and structural inequalities while developing viable solutions.

Hernandez, M. and Nesman, T. (2006) developed a conceptual framework for understanding organizational cultural and linguistic competency. This model explains the relationships among the community context, populations served, organizational and service delivery structures and processes. The model shows that addressing mental health disparities within a community requires compatibility between the community and the organizational infrastructure and service delivery.

ORGANIZATIONAL CASE STUDY

An African American mother brings her 10-year old biracial son with suspected Attention Deficit Hypersensitivity Disorder (ADHD) diagnosis for an initial visit to a behavioral health center to discuss behavior management and possible medication management. Upon arrival, the receptionist does not greet her politely and with presumption asks for her Medicaid card. She gives her several forms to complete without providing explicit instructions. The mother explains she has private insurance. After returning the completed forms and struggling with the race/ethnicity section for her son and the medical terms, the receptionist impatiently reprimands the mother for not completing the forms appropriately. As the mother waits, she notices a lack of diversity in the staff, a lack of culturally relevant reading materials in the waiting area and wall art that was not reflective or inclusive of multicultural populations. It was a major step for her to confront her own cultural biases and stigma about behavioral health treatment for her son. She feels unwelcome and unsure if she can trust the staff at this treatment center. The mother is unsure if she wants to continue with pursuing treatment for her son.

Critical Reflective Questions for Organizational Leaders and Staff

1. Was this experience reflective of the organization's core values?
2. Are there efforts to promote the recruitment hiring and retention of diverse staff and leaders?
3. Is the organizational environment reflective of the populations receiving services?
4. Are organizational leaders reviewing their behavioral health outcomes and youth/family engagement data by cultural groupings to inform service delivery?

In 2013, The United States Department of Health and Human Services – Office of Minority Health updated the Culturally and Linguistically Appropriate Services (CLAS) Standards expanding the definition of culture and the application of the standards in both primary care and behavioral health systems. The CLAS Standards focus on addressing cultural competency and health equity across three major themes:

1) Governance, Leadership and Workforce Development;
2) Communication and Language Assistance;
3) Continuous Quality Improvement and Accountability.

U.S. Department of Health and Human Services – Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services (CLAS)

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations. 10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

HELPFUL RESOURCES

USF Cultural and Linguistic Competency Library
http://cfs.cbcs.usf.edu/projects-research/detail.cfm?id=488

University of Maryland CLAS Standards Toolkit
http://dhmh.maryland.gov/mhhd/Documents/Toolkit_for_Outreach_Workers.pdf

Think Cultural Health
https://www.thinkculturalhealth.hhs.gov/content/clas.asp

Language Access Plan
https://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

Cultural Assessment
http://www.racialequitytools.org/resourcefiles/mason.pdf

For more information regarding organizational cultural competency training, organizational assessments and leadership training, please contact us at admin@partnershipforchildhealth.org or find out more at **partnershipforchildhealth.org**.

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Jacksonville System of Care Initiative

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