Leading Together Cultural Competency Needs Assessment* | January 2016

Overview:
In April 2015, Leading Together participating organizations identified cultural competence as a priority area for shared learning. The purpose of this assessment is to hone in on key areas of strengths and needs across our organizations, and to provide a baseline to measure our collective progress over time.

Our vision for this project is to honor the work that has been done before, connecting our strengths and lift all of us up together. We truly hope you want to be a part of this exciting opportunity to explore strategies for collective impact. That said, your participation is voluntary and greatly appreciated All responses will be shared back out in collective summary form. If your individual response will be identified in oral or written reports, permission will be sought from you in advance. Please note that this is a small group and therefore your identity may be deduced from your responses. We will take precautions to prevent this, but cannot guarantee anonymity for this reason.

Instructions:
A Leading Together representative will schedule an interview time/date to complete this assessment with you before July 1, 2016. In order for you to be prepared for the interview we ask that you review the definition page and the questions included in the assessment. Please consult with others at your organization on responding to the questions before your scheduled interview time. There is space for you to take notes before the interview.

When responding to this assessment, please know that we are using "diverse" and "population groups" in a broad sense and not limited to race. We encourage you to consider populations groups such as race/ethnicity, immigration status, geographical location, socioeconomic status, ability status, military status, family role, sexual orientation, gender identity and age. If your organization serves a specific racial and/or cultural group, please review and respond as appropriate to the mission of your organization.
We have developed this brief, ten question survey, drawing on the assessment tools from the National Center for Cultural Competence (see NCCC link below). Their assessment tools are extensive, and we have prioritized questions that could support opportunities for family engagement and leadership. We estimate the phone interview will take approximately 30 minutes.

Thank you!

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* Questions 1, 5 and 6 within this assessment were adapted with permission from the Georgetown University National Center for Cultural Competence, Georgetown University Center for Child & Human Development; and was adapted from the Cultural and Linguistic Competence Policy Assessment© NCCC, 2006.

Question 4 was adapted with permission from the Georgetown University National Center for Cultural Competence, Georgetown University Center for Child & Human Development; and was adapted from the Cultural and Linguistic Competence Family Organization Assessment Instrument ©NCCC, 2010.

Part 1: Current Practice

1. **To what extent does your organization gather information about the diverse population groups that live in the area you serve, with the intent of using the information to inform your work?**

   Examples to consider when responding include being familiar with:
   - Current and projected demographics
   - Social strengths of population groups
   - Health disparities among population groups
   - Languages and dialects used
   - The health beliefs, customs and values
   - The natural networks of support
   - The way disability and health are viewed
   - The way mental health is perceived

Please select one:	○Not at all	○Very little	○To some extent	To a great extent

Take notes here on rationale for chosen response:

2. **Identify below any specific population groups with which your organization has had success in partnering or success through strategies of support.**
Why would your organization consider this partnership or support a success?
Are there challenges or barriers your organization would like to comment on?

Please select all that apply:

Race/ethnicity:
○ American Indians or Alaska Natives
○ Asian Americans or Southeast Asians
○ Blacks or African Americans
○ Hispanics/Latinos
○ Pacific Islanders or Native Hawaiians
○ Whites or Caucasians

Immigration status:
○ Immigrants
○ Refugees

Ability status:
○ People with disabilities or special health needs
    People with mental health or behavioral issues
Family role:
○ Fathers
○ Mothers
    Siblings
    Grandparents
○ Foster parents
○ Adoptive parents

 Other:
○ Other (*specify*):

Geographical location:
○ Urban
○ Suburban
○ Rural

Socioeconomic status:
○ Low
○ Middle
○ High

Age:
○ Youth (0-17 years)
○ Young adult (18+ years)

Sexual orientation:
○ Heterosexuals
    Lesbian, gay, bisexual

Military status:
○ Active
○ Inactive / Veteran

Gender identity:
    Transgender

Take notes here on successes/successful strategies and challenges/barriers:

3. Identify below the name of any specific population groups that your organization has identified as a new or needed priority? What plan does your organization have to address this group(s) over the next 6 months?

Take notes here on new or needed population groups and plans to address new population groups:

4. To what extent does your organization's educational activities and resources have content tailored to the needs, concerns, values and beliefs of diverse population groups?
Please consider diversity to include race/ethnicity, immigration status, geographical location, socioeconomic status, ability status, military status, family role, sexual orientation, gender identity, and age for this question.

Some examples of activities/resources to consider when responding include:
- Website, phone messages/access, signs, content/presentations are translated or interpreted
- Accessible location
- Timing of events

Please select one: ○Not at all   ○Very little   ○To some extent   ○To a great extent

Take notes here on rationale for chosen response:

5. **To what extent does your organization collaborate with community-based organizations to address the needs of diverse population groups in the service area? Which organizations do you collaborate with the most?**
Please consider diversity to include race/ethnicity, immigration status, geographical location, socioeconomic status, ability status, military status, family role, sexual orientation, gender identity, and age for this question. Examples could include MOUs/MOAs or other organizational partnerships that assist in reaching, communicating with, or serving diverse population groups.

Please select one:	Not at all	Very little	To some extent	To a great extent

Take notes here on rationale for chosen response and on community-based organizations that they collaborate with the most to address the needs of diverse groups:

6. **To what extent does your organization work with social or professional contacts that help you understand and support diverse population groups in the service area?**
Examples could include cultural brokers, liaisons, and peer-to-peer networks/specialists with expertise on race/ethnicity, immigration status, geographical location, socioeconomic status, ability status, military status, family role, sexual orientation, gender identity, and age that provide consultation and training to your staff.
Which contacts/organizations do you work with the most?

Please select one:	Not at all	Very little	To some extent	To a great extent

Take notes here on social or professional contacts/organizations they work with the most:

7. **To what extent are processes or systems in your organization in place that assure diverse family and community participation in program planning, hiring/performance appraisals, and peer-to-peer support:**
Please consider diversity to include race/ethnicity, immigration status, geographical location, socioeconomic status, ability status, military status, family role, sexual orientation, gender identity and age for this question. **Which engagement strategies has your organization found most effective?**

Program planning– *Select one:* ○Not at all ○Very little ○To some extent ○To a great extent
Take notes here on rationale for chosen response and notes on successful engagement strategies:

Hiring/Performance appraisals- *Select one:* ○ Not at all ○Very little ○To some extent ○To a great extent
Take notes here on rationale for chosen response and notes on successful engagement strategies:

Peer-to-Peer Support- *Select one:* ○N/A ○Not at all ○Very little ○To some extent ○To a great extent
Take notes here on rationale for chosen response and notes on successful engagement strategies:

8. **Are there cultural competence capacity building resources your organization has used and recommend to support professional development and in-service training for Board Members/staff/volunteers? Are there upcoming trainings/events that other organizations could participate in or that could be done collaboratively?**

   Take notes here on resources used and recommended, and opportunities to collaborate on training/events:

Part 2: Moving Forward

9. **The Leading Together planning group has proposed the following activities to enhance cultural competency over the next year. What percentage of the group's time do you feel should be allotted to the following activities? Your responses should add up to 100%.**

   _____%   Activity A: Learn about specific population groups, their strengths, barriers and health disparities, beliefs and customs and values, along with key partners, success stories and outreach and partnership strategies.

   _____%   Activity B: Learn how to engage, support and sustain diverse family leaders within and across our organizations.

   _____%   Activity C: Learn how to strengthen our cultural and linguistic competence through a collective process of assessment, strategic planning and quality improvement

   100%   **TOTAL**

10. If the Leading Together group elects to focus upon activity A listed above, which population groups would you like to focus on for shared learning first?
Please select your top 3 choices.

Please select all that apply:

Race/ethnicity:
- ○ American Indians or Alaska Natives
- ○ Asian Americans or Southeast Asians
- ○ Blacks or African Americans
- ○ Hispanics/Latinos
- ○ Pacific Islanders or Native Hawaiians
- ○ Whites or Caucasians

Immigration status:
- ○ Immigrants
- ○ Refugees

Ability status:
- ○ People with disabilities or special health needs
  - People with mental health or behavioral issues

Family role:
- ○ Fathers
- ○ Mothers
- ○ Siblings
- ○ Grandparents
- ○ Foster parents
- ○ Adoptive parents

Other (*specify*):

Geographical location:
- Urban
- Suburban
- Rural

Socioeconomic status:
- Low
- Middle
- High

Age:
- Youth (0-17 years)
- Young adult (18+ years)

Sexual orientation:
- Straight
- Lesbian, gay, bisexual

Military status:
- Active
- Inactive / Veteran

Gender identity:
- Transgender

11. Do you have any additional comments?

Take notes here on additional comments:

Thank you for your time!

Key Definitions and Terms (from the National Center for 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, attitudes, policies and structures that enable them to 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

Mental health literacy is the knowledge, beliefs, and abilities that enable the recognition, management, or prevention of mental health problems. *Retrieved on 1/28/08 from the Canadian Alliance on Mental Illness and Mental Health. Retrieved on 3/4/10 from http://www.camimh.ca/files/literacy/MHL_Report_Phase_One.pdf*

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
- Recover from or adjust easily to misfortune, change, or stress. http://www.merriam-webster.com/dictionary/resilience retrieved on 3/4/10

References for Definitions and Key Terms:

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6. Braverman, P., & Gruskin, S. (2003) Defining equity in health. *Journal of Epidemiology and Community Health, 57*; 254-258.