Cultural and Linguistic Competence Policy Assessment

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Overview/Purpose

The Cultural Competence and Linguistic Competence Policy Assessment (CLCPA) was developed at the request of the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Service (DHHS). The CLCPA is intended to support community health centers on: (1) improve health care access and utilization, (2) enhance the quality of services within culturally diverse and underserved communities, and (3) promote cultural and linguistic competence as essential approaches in the elimination of health disparities. The NCCC developed *A Guide for Using the Cultural and Linguistic Competence Policy Assessment* that is available at http://gucchd.georgetown.edu/nccc.

Conceptual Framework of the CLCPA

The CLCPA 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 of professionals but often go unnoticed and untapped (Mason, 1996). Linguistic competence, while defined differently, is integrally linked to cultural competence and is an essential aspect of cross-cultural communication. The CLCPA and the outcomes of the assessment process are intended to assist organizations to identify strengths and areas of growth for policy development and administration. The CLCPA captures a wide range of data in its seven subscales including: *Knowledge of Diverse Communities, Organizational Philosophy, Personal Involvement in Diverse Communities, Resources & Linkages, Human Resources, Clinical Practice and Engagement of Diverse Communities.*

Guidelines for Completing the CLCPA

The instrument requires that you respond to detailed questions including your awareness of supporting policy. It is important to answer every question to the best of your knowledge. There are no right or wrong answers. Your organization may use the data: (1) to provide a summary of the strengths and areas for growth in policy development and administration, (2) for strategic planning, and (3) for quality improvement processes.

Thank you for your candor, time and patience.

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DEFINITIONS

Cultural Competence

The NCCC embraces a conceptual framework and model of achieving cultural competence adopted from the Cross et al. (1989) 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.

Linguistic Competence

Definitions of linguistic competence vary considerably. Such definitions have evolved from diverse perspectives, interests and needs and are incorporated into state legislation, Federal statutes and programs, private sector organizations and academic settings. The following definition, developed by the NCCC, provides a foundation for determining linguistic competence in health care, mental health and other human service delivery systems. It encompasses a broad spectrum of constituency groups that could require language assistance or other supports from an organization, agency, or provider.

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, and individuals with disabilities. Linguistic competency 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).

(Developed by Tawara D. Goode and Wendy Jones, 8/00, Revised 6/06).

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Culture

Culture is an integrated pattern of human behavior, which includes but is not limited to—thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious, social or political group; the ability to transmit the above to succeeding generations; dynamic in nature. ("Key Definitions", National Center for Cultural Competence, 1999, Revised 2002).

Dialect

A regional variety of language distinguished by features of vocabulary, grammar, and pronunciation from other regional varieties and constituting together with them a single language (Merriam Webster On-Line 2006)

Health Disparities

There are many definitions for health disparities. For the purposes of this instrument, the NCCC adopted the following definition of health disparities - population-specific differences in the presence of disease, health outcomes, or access to health care.

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. *HP 2010: Health Communication*
http://www.hrsa.gov/quality/healthlit.htm

Organizational Culture

Organizational culture is a pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. (Schein, E., 1985)

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 (Webster's Collegiate Dictionary, 1985). Additionally, formal policy is written and codified. Informal policy is shared and understood verbally, however, compliance may or may not be enforceable and adherence may vary.

References

Cohen, E., & Goode, T. D. (1999), revised by Goode, T.D., & Dunne, C. (2003). Policy Brief 1: Rationale for Cultural Competence in Primary Care. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

Mason, J. L. (1995). Cultural Competence Self-Assessment Questionnaire: A manual for users. Portland, OR: Research and Training Center on Family Support and Children's Mental Health, Portland State University.

Schein, E. (1985), Organizational Culture and Leadership, Jossey-Bass, San Francisco, CA,

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Guidelines for Completing the CLCPA

Please answer every question to the best of your knowledge. **Please remember to answer the question regarding supporting policy found adjacent to each question**.

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 (Webster's Collegiate Dictionary, 1985). Additionally, formal policy is written and codified. Informal policy is shared and understood verbally, however, compliance may or may not be enforceable and adherence may vary.

Knowledge of Diverse Communities

The ***Knowledge of Diverse Communities*** subscale consists of eleven questions. It concerns knowledge of the identified cultural groups, how they differ internally and how they differ from the dominant culture. Its central focus is organizational policy that takes into consideration cultural beliefs, strengths, vulnerabilities, community demographics and contextual realities. Responses to these items can range from *"not at all"* to *"very well"*. The existence of supporting policy can range from *"no policy"* to *"formal policy"*.

1. Is your agency able to identify the culturally diverse communities in your service area?

Designated Cultural Groups	Not At All	Barely	Fairly Well	Very Well	Is there supporting policy?
					❑ No policy
					❑ Informal policy
					❑ Developing policy
					❑ Formal policy
					❑ I do not know

2. Is your agency familiar with current and projected demographics for your service area?

Designated Cultural Groups	Not At All	Barely	Fairly Well	Very Well	Is there supporting policy?
					❑ No policy
					❑ Informal policy
					❑ Developing policy
					❑ Formal policy
					❑ I do not know

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Knowledge of Diverse Communities Continued

3. **Is your agency able to describe the social strengths (e.g., support networks, family ties, spiritual leadership, etc.) of diverse cultural groups in your service area?**

Designated Cultural Groups	Not At All	Barely	Fairly Well	Very Well	Is there supporting policy?
					❑ No policy
					❑ Informal policy
					❑ Developing policy
					❑ Formal policy
					❑ I do not know

4. **Is your agency able to describe the social problems (e.g., dispersed families, poverty, unsafe housing, etc.) of diverse cultural groups in your service area?**

Designated Cultural Groups	Not At All	Barely	Fairly Well	Very Well	Is there supporting policy?
					❑ No policy
					❑ Informal policy
					❑ Developing policy
					❑ Formal policy
					❑ I do not know

5. **Is your agency able to describe health disparities among culturally diverse groups in your service area?**

Designated Cultural Groups	Not At All	Barely	Fairly Well	Very Well	Is there supporting policy?
					❑ No policy
					❑ Informal policy
					❑ Developing policy
					❑ Formal policy
					❑ I do not know

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Knowledge of Diverse Communities Continued

6. **Is your agency able to describe the languages and dialects used by the following culturally diverse groups in your service area?**

Designated Cultural Groups	Not At All	Barely	Fairly Well	Very Well	Is there supporting policy?
					❑ No policy
					❑ Informal policy
					❑ Developing policy
					❑ Formal policy
					❑ I do not know

For the culturally diverse groups in your service area does your agency know:

7. **The health beliefs, customs, and values?** ❑ Not At All ❑ Barely ❑ Fairly Well ❑ Very Well
8. **The natural networks of support?** ❑ Not At All ❑ Barely ❑ Fairly Well ❑ Very Well

For the culturally diverse groups in your service area can your agency identify:

9. **Help-seeking practices?** ❑ Not At All ❑ Barely ❑ Fairly Well ❑ Very Well
10. **The way illness and health are viewed?** ❑ Not At All ❑ Barely ❑ Fairly Well ❑ Very Well
11. **The way mental health is perceived?** ❑ Not At All ❑ Barely ❑ Fairly Well ❑ Very Well

For questions 7–11
Is there policy to support staff to acquire knowledge about the cultural beliefs and practices of diverse groups?
❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

COMMENTS: _____

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Organizational Philosophy

The ***Organizational Philosophy*** subscale consists of ten items. It involves organizational commitment to the provision of culturally and linguistically competent services and the extent to which it is legitimized in policy. It probes the incorporation of cultural competence into the organization's mission statement, structures, practice models, collaboration with consumers and community members, and advocacy. Responses range from *"not at all or none"* to *"very often or many"* to *"yes or no"*. The existence of supporting policy can range from *"no policy"* to *"formal policy"*.

12. Does your agency have a mission statement that incorporates cultural and linguistic competence in service delivery?

❑ Yes ❑ No

13. Does your agency support a practice model that incorporates culture in the delivery of services?

❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

14. Does your agency consider cultural and linguistic differences in developing quality improvement processes?

❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

15. Does your agency advocate for culturally diverse consumers regarding quality of life issues (e.g., employment, housing, education) in your service area?

❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

16. Does your agency systematically review procedures to insure that they are relevant to delivery of culturally competent services?

❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

17. Does your agency systematically review procedures to insure that they are relevant to delivery of linguistically competent services?

❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

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Organizational Philosophy Continued

18. Does your agency help consumers get supports they need (flexible service schedules, childcare, transportation, etc.) to access health care?

❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

19. Are there structures in your agency to assure for consumer and community participation in:

- **program planning?** ❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often
- **service delivery?** ❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often
- **evaluation of services?** ❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often
- **quality improvement?** ❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often
- **hiring practices?** ❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often
- **performance appraisal?** ❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often
- **customer satisfaction?** ❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often

Is there policy that supports community and consumer participation?

❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

20. Does your work environment contain décor reflecting the culturally diverse groups in your service area?

❑ None ❑ Some ❑ Quite a Few ❑ Many

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

21. Does your agency post signs and materials in languages other than English?

❑ None ❑ Some ❑ Quite a Few ❑ Many

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

COMMENTS: _____

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Personal Involvement in Diverse Communities

The ***Personal Involvement in Diverse Communities*** subscale consists of seven items. It concerns the degree to which organizations and their staff demonstrate reciprocity within diverse and ethnic communities. It addresses the extent to which an organization and its staff participate in social and recreational events and purchase goods and services within the communities they serve. Responses ranges from *"not at all"* to *"very often"*. The existence of supporting policy can range from *"no policy"* to *"formal policy"*.

Does your agency identify opportunities within culturally diverse communities for you to:

22. Attend cultural or ceremonial functions?	☐ Not At All	☐ Sometimes	☐ Fairly Often	☐ Very Often
23. Purchase goods or services from a variety of merchants (either for personal use or job-related activities)?	☐ Not At All	☐ Sometimes	☐ Fairly Often	☐ Very Often
24. Subcontract for services from a variety of vendors?	☐ Not At All	☐ Sometimes	☐ Fairly Often	☐ Very Often
25. Participate in recreational or leisure time activities?	☐ Not At All	☐ Sometimes	☐ Fairly Often	☐ Very Often
26. Participate in career awareness days?	☐ Not At All	☐ Sometimes	☐ Fairly Often	☐ Very Often
27. Participate in community education activities?	☐ Not At All	☐ Sometimes	☐ Fairly Often	☐ Very Often

For questions 22–27
Is there policy that supports your participation within culturally diverse communities?
☐ No policy ☐ Informal policy ☐ Developing policy ☐ Formal policy ☐ I do not know

28. Does your agency identify opportunities for you to share with colleagues your experiences and knowledge about diverse communities?

☐ Not At All ☐ Sometimes ☐ Fairly Often ☐ Very Often

Is there supporting policy? ☐ No policy ☐ Informal policy ☐ Developing policy ☐ Formal policy ☐ I do not know

COMMENTS: _____

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Resources and Linkages

The ***Resources and Linkages*** subscale consists of four items. It concerns the ability of an organization and its staff to effectively utilize both formalized and natural networks of support within culturally diverse communities to develop an integrated primary care, community-based health system. The focus is organizational policy that promotes and maintains such linkages through structures and resources. Responses range from *"not at all"* to *"very often"*. The existence of supporting policy can range from *"no policy"* to *"formal policy"*.

29. Does your agency collaborate with community-based organizations to address the health and mental health related needs of the culturally and linguistically diverse groups in the service area?

❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

30. Does your agency work with social or professional contacts (e.g., cultural brokers, liaisons) that help you understand health and mental health beliefs and practices of culturally diverse groups in the service area?

❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

31. Does your agency establish formal relationships with these professionals and/or organizations to assist in serving culturally and linguistically diverse groups?

❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

32. Does your agency use resource materials (including communication technologies) that are culturally and linguistically appropriate to inform diverse groups about health related issues?

❑ Not At All ❑ Sometimes ❑ Fairly Often ❑ Very Often

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

COMMENTS: _____

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Human Resources

The ***Human Resources*** subscale consists of eight items. It involves an organization's ability to sustain a diverse work force that is culturally and linguistically competent. It probes policy that supports work force demographics, inservice training/professional development and related resource allocation. Responses range from *"none to many"* to *"yes or no"*. The existence of supporting policy can range from *"no policy"* to *"formal policy"*.

33. Are members of the following culturally diverse groups represented on the staff of your agency?

Designated Cultural Groups	None	Some	Quite a Few	Many	Is there supporting policy?
					❑ No policy
					❑ Informal policy
					❑ Developing policy
					❑ Formal policy
					❑ I do not know

34. Does your agency have culturally and linguistically diverse individuals as:

- **board members?** ❑ None ❑ Some ❑ Quite a Few ❑ Many
- **center directors?** ❑ None ❑ Some ❑ Quite a Few ❑ Many
- **senior management?** ❑ None ❑ Some ❑ Quite a Few ❑ Many
- **physicians?** ❑ None ❑ Some ❑ Quite a Few ❑ Many
- **clinical staff?** ❑ None ❑ Some ❑ Quite a Few ❑ Many
- **administrative staff?** ❑ None ❑ Some ❑ Quite a Few ❑ Many
- **clerical staff?** ❑ None ❑ Some ❑ Quite a Few ❑ Many
- **support staff?** ❑ None ❑ Some ❑ Quite a Few ❑ Many
- **consultants?** ❑ None ❑ Some ❑ Quite a Few ❑ Many
- **volunteers?** ❑ None ❑ Some ❑ Quite a Few ❑ Many

Is there policy that supports recruitment of diverse staff, board members, consultants and volunteers?

❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

35. Does your agency have incentives for the improvement of cultural competence throughout the organization?

❑ None ❑ Some ❑ Quite a Few ❑ Many

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

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Human Resources Continued

36. Does your agency have procedures to achieve the goal of a culturally and linguistically competent workforce that includes:

- **staff recruitment?** ❑ Yes ❑ No
- **hiring?** ❑ Yes ❑ No
- **retention?** ❑ Yes ❑ No
- **promotion?** ❑ Yes ❑ No

Is there policy that supports achieving a culturally and linguistically competent workforce?
❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

37. Are there resources to support regularly scheduled professional development and inservice training for staff at all levels of the agency?

❑ None ❑ Some ❑ Quite a Few ❑ Many

38. Are inservice training activities on culturally competent health care (e.g., values, principles, practices, and procedures) conducted for staff at all levels of the agency?

❑ None ❑ Some ❑ Quite a Few ❑ Many

39. Are inservice training activities on linguistically competent health care (e.g., Title VI, CLAS Standards, ADA mandates) conducted for staff at all levels of the agency?

❑ None ❑ Some ❑ Quite a Few ❑ Many

For questions 37-39
Is there policy that supports professional development and inservice training for all staff?
❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

40. Does your agency have incentives for the improvement of linguistic competence throughout the organization?

❑ None ❑ Some ❑ Quite a Few ❑ Many

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

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Engagement of Diverse Communities

The ***Engagement of Diverse Communities*** subscale consists of three items. It involves the nature and scope of activities conducted by an agency and its staff to engage diverse communities in health and mental health promotion and disease prevention. Responses range from *"never to regularly"*. The existence of supporting policy can range from *"no policy"* to *"formal policy"*.

49. Does your agency conduct activities tailored to engage the following culturally diverse communities?

Designated Cultural Groups	Never	Seldom	Sometimes	Regularly	Is there supporting policy?
					❑ No policy
					❑ Informal policy
					❑ Developing policy
					❑ Formal policy
					❑ I do not know

50. Do agency brochures and other media reflect cultural groups in the service area?

❑ Never ❑ Seldom ❑ Sometimes ❑ Regularly

Is there supporting policy? ❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know

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51. Does your agency reach out to and engage the following individuals, groups, or entities in health and mental health promotion and disease prevention initiatives:

	Never	Seldom	Sometimes	Regularly	Is there policy that supports engaging diverse sectors of the community?
A. Places of worship (e.g., temples, churches, mosques, kivas), and clergy, ministerial alliances, or indigenous religious or spiritual leaders?					❑ No policy ❑ Informal policy ❑ Developing policy ❑ Formal policy ❑ I do not know
B. Traditional healers (e.g., medicine men or women, curanderas, espiritistas, promotoras, or herbalists)?					
C. Mental health providers, dentists, chiropractors, or licensed midwives?					
D. Providers of complimentary and alternative medicine (e.g., homeopaths, acupuncturists, or lay midwives)?					
E. Ethnic publishers, radio, cable or television stations or personalities, or other ethnic media sources?					
F. Human service agencies?					
G. Tribal, cultural or advocacy organizations?					
H. Local business owners such as barbers/cosmetologists, sports clubs, restaurateurs, casinos, salons, and other ethnic businesses?					
I. Social organizations (e.g., civic/neighborhood associations, sororities, fraternities, ethnic associations)?					

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RESPONDENT DEMOGRAPHIC INFORMATION

The following questions are used to compile a demographic profile of respondents and are not intended to identify individuals. Please circle the appropriate number or write in your responses where requested. Questions regarding age, gender, race/ethnicity will assist in capturing work force diversity.

A. Gender

1. Female 2. Male

B. Race and Ethnicity *(These categories are based on options offered by the U.S. Census Bureau [2002].)*

Ethnicity

1. Hispanic
2. Non-Hispanic

Race

1. American Indian/Alaskan Native
2. Asian (specify) _____
3. Black (specify) _____
4. African American
5. Pacific Islander (specify) _____
6. White
7. Some Other Race (specify) _____
8. Two or More Races (specify) _____

C. Age

1. Under 30 years
2. 31 – 40 years
3. 41 – 50 years
4. 51 – 60 years
5. Over 60 years

D. List any languages you speak other than English:

_____

E. Community Health Center Affiliation

1. Board Member
2. Administrator
3. Health Practitioner
4. Client/Consumer/Patient
5. Member of Client's Family
6. Community Member
7. Other: _____

F. Years of involvement with the community health center?

1. Under 1 year
2. 1 – 3 years
3. 3 – 5 years
4. Over 5 years

G. Most of my time is assigned to the following site: *(This response is optional)*

_____

H. To what extent are you involved with the analysis or formation of organization policy?

1. Not at All
2. A Little
3. A Fair Amount
4. Very Much
5. Other _____

I. State which best describes how and when you acquired your knowledge and skills related to cultural and linguistic competence: *(check and circle all that apply)*

- ☐ Academic curricula within the last
  0-3 years 4-6 years 7-10 years more than 10 years
- ☐ Continuing education within the last
  0-3 years 4-6 years 7-10 years more than 10 years
- ☐ Workshops/conferences within the last
  0-3 years 4-6 years 7-10 years more than 10 years
- ☐ Employer sponsored training within the last
  0-3 years 4-6 years 7-10 years more than 10 years
- ☐ On-the-job experiences within the last
  0-3 years 4-6 years 7-10 years more than 10 years
- ☐ Living in diverse communities within the last
  0-3 years 4-6 years 7-10 years more than 10 years
- ☐ Domestic/international travel within the last
  0-3 years 4-6 years 7-10 years more than 10 years

J. Primary cultural groups served by the community health center?

_____
_____
_____

K. With which group(s) do you feel <u>most</u> proficient?

_____
_____
_____

L. With which group(s) do you feel <u>least</u> proficient?

_____
_____
_____

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Please list any additional policies supporting cultural and linguistic competence not identified by this instrument.

_____

_____

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_____

COMMENTS: _____

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THANK YOU FOR YOUR VALUED PARTICIPATION

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