Cultural and Linguistic Competence: What Do They Mean for Respite Services and Supports?

An ARCH Webinar
July 30, 2020
Cultural Competence and Linguistic Competence: What Do They Mean for Respite Services and Supports?

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Center for Child and Human Development
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July 30, 2020

OBJECTIVES

Webinar participants will:
1. Define culture and cultural diversity.
2. Examine the multiple dimensions of culture within the contexts of respite care.
3. Describe conceptual frameworks for cultural competence and linguistic competence.
4. Apply these frameworks and concepts to the full array of respite supports and services.
We can’t really talk about cultural competence today without first having a shared understanding of ...

Scenario
(enter comments in chat)

A State Respite Coalition has been meeting to address disparities in access to and utilization of respite services. An analysis of data indicates an underrepresentation by both geographic locale and diverse racial and ethnic groups in families accessing respite in the state. Several Coalition member have continued to emphasize that there are differences within the state’s diverse communities in their understanding of exactly what respite is, reluctance to have “strangers” care for their loved ones, and lack of trust of some human service providers in the state.

- What are the cultural factors presented in this scenario?
- What would recommendations about community engagement would you propose as a member of this state stakeholder group?
Culture is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. It includes but is not limited to:

- Communication
- Rituals
- Courtesies
- Languages
- Relationships
- Thought
- Ceremonies
- Beliefs
- Expected behaviors
- Values
- Practices
- Roles
- Manners of interacting
- Customs

Culture applies to racial, ethnic, religious, political, professional, and other social groups. It is transmitted through social and institutional traditions and norms to succeeding generations. Culture is a paradox, while many aspects remain the same, it is also dynamic, constantly changing.
CULTURE IS ...

Comprised of beliefs about reality, how people should interact with each other, what they know about the world, and how they should respond to the social and material environments in which they find themselves.

Reflected in religion, morals, customs, politics, technologies, and survival strategies of a given group. It affects how groups work, parent, love, marry, and understand health, mental health, wellness, illness, disability, and end of life.


Culture

*Culture* is akin to being the person observed through a one-way mirror; everything we see is from our own perspective.

It is only when we join the observed on the other side that it is possible to see ourselves and others clearly – but getting to the other side of the glass presents many challenges.

(Lynch & Hanson 1992 Developing Cross Cultural Competence)
**Culture ...**

- is applicable to all peoples
- is value laden & rooted in belief systems
- is active & dynamic
- is multilayered & multidimensional
- exists at conscious & unconscious levels
- is often viewed as thick, thin, or compartmentalized
- provides group member identity
- structures perceptions & shapes behaviors
- varies in expression both among and between individual group members
- permeates every aspect of life


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**An Iceberg Concept of Culture**

- dress
- age
- gender
- language
- race or ethnicity
- physical characteristics
- eye behavior
- facial expressions
- body language
- sense of self
- notions of modesty
- concept of cleanliness
- emotional response patterns
- rules for social interaction
- child rearing practices
- decision-making processes
- approaches to problem solving
- concept of justice
- value individual vs. group
- perceptions of & beliefs about of mental health, health, illness, disability
- patterns of superior and subordinate roles in relation to status by age, gender, class
- sexual orientation
- gender identity & expression
- and much more...

Adapted by the NCCC

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Slide Source: © 2020 – Georgetown University National Center for Cultural Competence
In your role, capacity or experience which element of ADDRESSING do you consistently consider as diversity factors related respite services and supports? Which do you tend to overlook?

- Age
- Disability (congenital)
- Disability (acquired)
- Religion (or spirituality or no affiliation)
- Ethnicity (or race)
- Social-economic status/class
- Sexual orientation
- Indigenous heritage
- National origin
- Gender (gender identity & expression)
MULTIPLE CULTURAL IDENTITIES

The extant literature indicates that we as human beings have multiple cultural identities that can be grouped as follows.

- Categorization – people identify with one of their cultural groups over others
- Compartmentalization – individuals maintain multiple, separate identities within themselves
- Integration – people link their multiple cultural identities

Sources:

Slide Source: © 2020 - Georgetown University National Center for Cultural Competence

Intersectionality

Kimberlé Crenshaw uses intersectionality to describe overlapping or intersecting social identities and related systems of oppression, domination, or discrimination and their complex and cumulative effect specially focused on Black women.

Since her original publication, the concept of intersectionality has strayed from its feminist, legal, civil rights advocacy, and race theory roots and is applied to other identities that include but are not limited to class, disability, sexual orientation, and gender identity and expression.

REFLECTION QUESTION 2
How much attention do State Lifespan Respite Grant Programs pay to these concepts (e.g., program design, staffing, onboarding/in-service training, evaluation)?

Enter your responses in the chat for question 2

multiple cultural identities

intersectionality

ORGANIZATIONAL CULTURE

The values and behaviors that contribute to the unique social and psychological environment of an organization. Organizational culture includes an organization’s expectations, experiences, philosophy, and values that hold it together, and is expressed in its self-image, inner workings, interactions with the outside world, and future expectations. It is based on shared attitudes, beliefs, customs, and written and unwritten rules that have been developed over time and are considered valid.

It is shown in:

1) the ways the organization conducts its business, treats its employees, customers, and the wider community,
2) the extent to which freedom is allowed in decision making, developing new ideas, and personal expression,
3) how power and information flow through its hierarchy, and
4) how committed employees are towards collective objectives.

Data source: http://www.businessdictionary.com/definition/organizational-culture.html
Rule # 1
Have a solid appreciation for and understanding of culture – both your own and others.

What is cultural diversity?
# ACS 2018 United States Demographic Estimates

## One Race or Latino or Hispanic and Race

Total Population = 327,167,439

<table>
<thead>
<tr>
<th>RACE</th>
<th>NUMBER</th>
<th>Percent of POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Race</td>
<td>315,887,408</td>
<td>96.6%</td>
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<tr>
<td>White</td>
<td>236,173,020</td>
<td>72.2%</td>
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<td>Black or African American</td>
<td>41,617,764</td>
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<tr>
<td>American Indian or Alaska Native</td>
<td>2,801,587</td>
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<tr>
<td>Asian</td>
<td>18,415,198</td>
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<tr>
<td>Native Hawaiian &amp; Other Pacific Islander</td>
<td>626,054</td>
<td>0.2%</td>
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<tr>
<td>Some Other Race</td>
<td>16,253,785</td>
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<tr>
<td>Two or More Races</td>
<td>11,280,031</td>
<td>3.4%</td>
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<tr>
<td><strong>HISPANIC OR LATINO AND RACE</strong></td>
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<tr>
<td>Hispanic or Latino of any Race</td>
<td>59,763,631</td>
<td>18.3%</td>
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</table>

Data Source: Source: U.S. Census Bureau, 2018 American Community Survey (ACS), Demographic & Housing Estimates, Table DP05, 1-Year Estimates.

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## Cultural Diversity

The term *cultural diversity* is used to describe differences in ethnic or racial classification & self-identification, tribal or clan affiliation, nationality, language, age, gender, sexual orientation, gender identity or expression, socioeconomic status, education, religion, spirituality, physical and intellectual abilities, personal appearance, and other factors that distinguish one group or individual from another.

Goode & Jackson, 2009
Cultural Factors That Influence Diversity Among Individuals and Groups

Internal Factors
- Cultural/Racial/Ethnic Identity
- Tribal Affiliation/Clan
- Nationality
- Acculturation/Assimilation
- Socioeconomic Status/Class
- Education
- Language
- Literacy
- Family Constellation
- Social History
- Military Status
- Perception of Time
- Health Beliefs & Practices
- Health & Mental Health Literacy
- Beliefs about Disability or Mental Health
- Lived Experience of Disability or Mental Illness
- Age & Life Cycle Issues
- Gender, Gender Identity & Expression
- Sexual Orientation
- Religion & Spiritual Views
- Spatial & Regional Patterns
- Political Orientation/Affiliation

External Factors
- Institutional Biases
- Racism & Discrimination
- Community Economics
- Intergroup Relations
- Group & Community Resiliency
- Natural Networks of Support
- Community History
- Political Climate
- Workforce Diversity
- Community Demographics

Adapted with permission from James Mason, Ph.D., NCCC Senior Consultant

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By virtue of these definitions, respite is indeed culturally-defined.

Respite is planned or emergency care provided to a child or adult with special needs in order to provide temporary relief to family caregivers who are caring for that child or adult.

Lifespan Respite is defined as coordinated systems of community-based respite for family caregivers of children or adults regardless of special need.

Data source: https://archrespite.org/

Rule # 2

Recognize, respect, and respond to the within group differences among all persons receiving life span respite care.
Definitions and Conceptual Frameworks
Cultural Competence

Are we on the same page?

- culturally aware
- cultural humility
- culturally relevant
- cultural sensitivity
- culturally competent
- culturally appropriate
- culturally effective
- cultural dexterity
- cultural proficiency
- cultural responsiveness
- culturally & linguistically competent
- multicultural competence
Cultural competence requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally.

(adapted from Cross, Bazron, Dennis & Isaacs, 1989.)

Five Elements of Cultural Competence

INDIVIDUAL LEVEL

1. acknowledge cultural differences
2. understand your own culture
3. engage in self-assessment
4. acquire cultural knowledge & skills
5. view behavior within a cultural context

(Cross, Bazron, Dennis and Isaacs, 1989)

Source: © 2020 - Georgetown University National Center for Cultural Competence
Five Elements of Cultural Competence

ORGANIZATIONAL LEVEL

1. • value diversity
2. • conduct self-assessment
3. • manage the dynamics of difference
4. • embed/institutionalize cultural knowledge
5. • adapt to diversity (values, policies, structures & services)

ESSENTIAL ELEMENTS IN A CULTURALLY COMPETENT SYSTEM

These five elements must be manifested at every level of an organization or system including:

- policy making
- administration
- practice & service delivery
- individuals & families
- community

and reflected in its attitudes, structures, policies, practices, and services.
Reflection Question-3

Enter your responses in chat for question 13

Has the organization or program in which you are an employee or volunteer reached consensus on what cultural competence means and how cultural competence relates to its mission and work?

☐ Yes  ☐ No  ☐ Don’t know

Definitions and Conceptual Frameworks
Linguistic Competence

Slide Source: © 2020 – Georgetown University National Center for Cultural Competence
Languages Spoken at Home in the U.S. in 2018

Estimated Total Population 5 years and over 307,521,124

Speak only English 78.1%
Speak a language other than English 21.9%

Speak Spanish 41,460,427 (13.5%)
Speak Indo European languages 11,285,467 (3.7%)
[French (Patois, Cajun), French Creole, Italian, Portuguese, Portuguese Creole, German, Yiddish, Other West Germanic languages, Scandinavian languages, Greek, Russian, Polish, Serbo-Croatian, Other Slavic languages, Armenian, Persian, Gujarathi, Hindi, Urdu, Other Indic languages]
Speak Asian and Pacific Island languages 10,945,719 (3.6%)
[Chinese, Japanese, Korean, Mon-Khmer, Cambodian, Miao, Hmong, Thai, Laotian, Vietnamese, Tagalog, other Pacific Island languages]
Other Languages 3,577,055 (1.2%)
[Navajo, Other Native American languages, Hungarian, Arabic, Hebrew, African languages, other unspecified languages]

Data Source: U.S. Census Bureau, American Fact Finder, 2018 American Community Survey-1 Year Estimates, Table DP02

12 Primary Languages Spoken in U.S. Households According to the U.S. Census

Over 99 percent of all U.S. households will be able to respond to the census in their language.

Over 99% of the nation’s households speak English or one of these 12 languages:

- Spanish
- Korean
- Tagalog
- Haitian Creole
- Chinese
- Russian
- Polish
- Portuguese
- Vietnamese
- Arabic
- French
- Japanese

The U.S. Census Bureau is providing multiple ways to respond and reaching out through advertising, outreach materials, and web content in each of these languages.

Data Source: U.S. Census Bureau
https://2020census.gov/content/dam/2020census/materials/partners/2020-02/2020-support-languages.pdf
### Limited English Speaking Households

Limited English Speaking Households formerly (linguistic isolation) refers to households in which no member 14 years old and over: (1) speaks only English or (2) speaks a non-English language and speaks English “very well.”

#### Limited English Speaking Households in the United States in 2018

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>All households</td>
<td>4.4%</td>
</tr>
<tr>
<td>Households speaking--</td>
<td></td>
</tr>
<tr>
<td>• Spanish</td>
<td>21.3%</td>
</tr>
<tr>
<td>• Other Indo-European languages</td>
<td>15.0%</td>
</tr>
<tr>
<td>• Asian and Pacific Island languages</td>
<td>24.2%</td>
</tr>
<tr>
<td>• Other languages</td>
<td>15.9%</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American FactFinder, 2018 American Community Survey - 1 Year Estimates, Table S1602

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### 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 groups including persons of limited English proficiency, those who are not literate or have low literacy skills, individuals with disabilities, or those who are deaf or hard of hearing

- requires organizational and provider capacity to respond effectively to the health literacy and mental health literacy needs of populations served

- ensures policy, structures, practices, procedures and dedicated resources to support this capacity
Title VI - Civil Rights Act of 1964

SEC. 601 TITLE VI—NONDISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

Title VI of the Civil Rights Act of 1964- Sec. 601 ensures nondiscrimination in Federally Assisted programs and states that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance”.

http://www.hhs.gov/ocr/civilrights/resources/laws/index.html

Who Does Title VI Protect?

EVERYONE!

Title VI states that:
“no person shall be discriminated against on the basis of race, color, or national origin.
Section 601 and 42 USC 2000d et. Seq.

☑ Title VI protects persons of all colors, races, and national origins.

☑ Title VI protects against national origin discrimination and is not limited to U.S. citizens.
Title VI – National Origin Discrimination

Provisions related to language access:

Service providers must take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency (LEP). [68 Fed. Reg. 153 at 47322]

Providers that must provide language assistance services in order to comply with Title VI should implement policies and procedures to provide information in appropriate languages and ensure that LEP persons are effectively informed of and have meaningful access to covered programs. [68 Fed. Reg. 153 at 47320]

https://www.lep.gov/faqs/faqs.html
https://www.hhs.gov/civil‐rights/for‐individuals/special‐topics/limited‐english‐proficiency/index.html
https://www.hhs.gov/civil‐rights/for‐individuals/special‐topics/national‐origin/index.html

Who is Covered Under Title VI?

Recipients of HHS assistance may include, for example:

• Hospitals, nursing homes, home health agencies, and managed care organizations
• Universities and other entities with health or social service research programs
• State, county, and local health agencies
• State Medicaid agencies
• State, county and local welfare agencies
• Programs for families, youth, and children
• Head Start programs
• Public and private contractors, subcontractors and vendors
• Physicians and other providers who receive Federal financial assistance from HHS
Linguistic Competence:
LEGAL MANDATES & GUIDANCE


Reflection Questions-4

Enter your responses in chat for question 1.

Do you know if the Respite Program in which you are an employee or volunteer has a Language Access Implementation Plan required by federal law (Title VI, Section 601, Civil Rights Act)?

☐ Yes  ☐ No

How familiar are you with the plan?

☐ Very familiar
☐ Somewhat familiar
☐ Not familiar at all
Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

U.S. Department of Health and Human Services, 2010

Health literacy is the capacity of professionals and health institutions to provide access to information and support the active engagement of people.


“A WORD ABOUT HEALTH LITERACY AND CULTURE

“Recognizing that culture plays an important role in communication helps us better understand health literacy. For people from different cultural backgrounds, health literacy is affected by belief systems, communication styles, and understanding and response to health information. Even though culture is only one part of health literacy, it is a very important piece of the complicated topic of health literacy. The U.S. Department of Health and Human Services recognizes that culture affects how people communicate, understand, and respond to health information.”

Let’s Revisit the Scenario
(enter comments in chat)

A State Respite Coalition has been meeting to address disparities in access to and utilization of respite services. An analysis of data indicates an underrepresentation by both geographic locale and diverse racial and ethnic groups in families accessing respite in the state. Several Coalition members have continued to emphasize that there are differences within the state’s diverse communities in their understanding of exactly what respite is, reluctance to have “strangers” care for their loved ones, and lack of trust of some human service providers in the state.

- What are the cultural factors presented in this scenario?
- What would recommendations about community engagement would you propose as a member of this state stakeholder group?

Revisiting the Scenario in the Context of Cultural and Linguistic Competence

| Value diversity | ▪ Acknowledge and respond to the cultural diversity among families in need of respite across the lifespan  
▪ Ensure that the State Respite Coalition is representative of the diverse populations that reside in the state |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Conduct self-assessment</td>
<td>▪ Assess the extent to which the State Respite Coalition address cultural and linguistic competence in advocacy networking, public education, and training</td>
</tr>
<tr>
<td>Manage the dynamics of difference</td>
<td>▪ Learn and respond to the array of family beliefs and practices that affect access to and utilization of respite care</td>
</tr>
<tr>
<td>Embed cultural knowledge</td>
<td>▪ Ensure that employees and volunteers have knowledge and skills to engage and provide respite care to culturally and linguistically diverse populations</td>
</tr>
<tr>
<td>Adapt to diversity</td>
<td>▪ Revisit and revise program policy, procedures, practices, services and budgets to respond effectively to the culturally and linguistically diversity within the state</td>
</tr>
</tbody>
</table>
As a culturally competent _______
I am capable of interacting positively with people who do NOT

look like,
communicate like,
moved like,
think like,
believe like,
act like,
love like...
live like...
ME!!!

Source: Used with permission of Multnomah County Department of Health
Georgetown University National Center for Cultural Competence

Modification from Mike Magy, Massachusetts Department of Mental Health, November 2005
Taking Action. . .thru Cultural Competency & Diversity Planning
Howdy!

I am Jed D. Johnson, M.B.A., M.S.W.

Managing Director, Aging Services
You can reach me at: jjohnson@carf.org

What would your organization’s assessment learn about me?
• Long distance caregiver for 94 yr. old mother-in-law in Western PA.
• Married to my husband for 7 yrs., commitment ceremony 28 yrs. ago, together for 33 yrs., He’s African American & older.
• While close with my family, spend all holidays and communicate 2-4 times weekly with two friends
• Both my husband & I are very spiritual. Attend and are active in church.
• Native midwesterner
Overview of CARF

• Independent, nonprofit, international accreditation and standards setting organization founded in 1966

• CARF International is a group of companies that includes CARF, CARF Canada, and CARF Europe

• Fields served:
  o Aging Services (*Includes Adult Day Services, Home & Community Services*)
  o Behavioral Health
  o Child and Youth Services (*includes Respite*)
  o Employment and Community Services (*includes Respite*)
  o Medical Rehabilitation
  o Opioid Treatment Program
  o Vision Rehabilitation Services

• Over 1,500 surveyors and approximately 100 staff members
Achieving cultural competence is a long-term commitment. Remember that it is accomplished one step at a time.

National Center for Cultural Competence
Definition of a Plan

Written direction that is *action oriented* and related to a specific project or *defined goal*, either present and/or future oriented.

A plan may include the steps to be taken to achieve stated goals, a time line, and the positions or persons responsible for implementing the identified steps.
Implementation of Planning Processes

Performance Improvement: The ongoing cycle to support excellence

PLAN

DO

CHECK

REFLECT

ACT

If you can't describe what you are doing as a process, you don't know what you're doing.

W. Edwards Deming

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Strategic & Business Planning

- Risk Management Planning
- Performance Measurement Planning
- Succession Planning
- Cultural Competency Planning
- Financial Planning & Budgeting
- Accessibility Planning
- Technology Planning
- Health & Safety/Emergency Planning
1.A. Leadership

**Implements** a cultural competency and diversity plan that:
- Addresses persons served, personnel, and stakeholders
- Is based on:
  - Culture
  - Age
  - Gender
  - Sexual orientation
  - Spiritual beliefs
  - Socioeconomic status
  - Language
- Is reviewed at least annually for relevance
- Is updated as needed
Intent Statement

Respite providers are able to demonstrate an awareness of, respect for, and attention to the diversity of the people whom the program impacts* that are reflected in attitudes, organizational structures, policies and services.

*(personnel, care recipients & family caregivers, volunteers, community, board members, other stakeholders)*
Key Elements for Success

- Leadership Priority
- Holistic Approach
- Resource Allocation
- Develop (& Implement) Plan
- Linkages with Community
- How will you measure success?
Where to begin: Assessments

- Organizational assessment: policies, procedures, bylaws, and community perceptions
- Staff assessment: knowledge, skills, and practices
- Self-assessment: personal attitudes, beliefs, and behaviors
- A Toolkit for Serving Diverse Communities (ACL/AoA)
- Consider social determinants of health (SDoH)
Where to begin: Identifying Resources About the Community

- Agency knowledge of the service community
- Partnerships and coalitions with representatives from diverse groups
- Client and community data
- Client input
- A Toolkit for Serving Diverse Communities (ACL/AoA)
- Public health data (Community Health Needs Assmt.)
  - [www.cdc.gov/PublicHealthGateway](http://www.cdc.gov/PublicHealthGateway)
  - [www.HealthyPeople.gov](http://www.HealthyPeople.gov)
Elements of:

1. Introduction
   a. Vision
   b. Values
   c. Definitions

2. Statistics
   a. Personnel
   b. Service delivery area

3. Summary of relevant policies
   a. Employee handbook
   b. Policy and procedures manual
   c. Consumer handbook

4. Oversight of plan
   a. Review
   b. Updates
   c. Sharing
## Cultural Competency & Diversity Plan

<table>
<thead>
<tr>
<th>Areas to be addressed</th>
<th>Intended Audience Persons Served? Personnel? Other Stakeholders?</th>
<th>Overview &amp; Performance Area(s)</th>
<th>Action Steps</th>
<th>Timeline</th>
<th>Budget impact</th>
<th>Person(s) responsible</th>
<th>How will you measure success?</th>
<th>Additional Comments</th>
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<td>Race &amp; Ethnicity (self-identified)</td>
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<td>Age</td>
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<td>Gender &amp; Gender Identity</td>
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<td>Spiritual beliefs/Religion</td>
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<td>Other</td>
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</table>
Performance Areas to be addressed:

- Organizational values
- Governance
- Communication
  - Internal & External
- Human Resources
  - Staff Development
- Organizational Infrastructure
- Services/Interventions
- Planning & Monitoring/Evaluation
Examples

• Build the organization’s capacity execute cultural competency & diversity planning
  ○ Establish committee including board liaison
    • Host kick-off meeting
    • Craft charter, etc.
  ○ Conduct assessment of key stakeholder groups
    • Demographics
    • Knowledge/awareness
    • Focus group
  ○ Assess and access resources
    • Community partners
    • Training materials, curricula
Examples (continued)

• Ensure respite assessment, screening and marketing materials are culturally respectful and are responsive to diverse cultural beliefs and practices, preferred languages, literacy, and other communication needs.
  ○ Review of all tools and materials currently in use
  ○ All forms should contain inclusive, gender-neutral language (& graphics) that allows for self-identification.
  ○ Assess literacy levels and modify as indicated
  ○ Ensure access to translation services, but also consider enhancing multi-lingual staff proficiency

• Resources:
  ○ https://thinkculturalhealth.hhs.gov
  ○ A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities
  ○ Human Rights Campaign, Healthcare Equality Index https://www.hrc.org/hei
Next steps...
Start where you are.
Use what you have.
Do what you can.

Arthur Ashe
Thank you!
Any questions?

You can reach me at:

**Toll Free**  (888) 281-6531 ext. 5006
**Email**      jjohnson@carf.org

Or visit [www.carf.org](http://www.carf.org)