Cultural and Linguistic Competence Organizational Assessment Instrument for Fetal and Infant Mortality Review Programs

Overview/Purpose

Organizational self-assessment is a necessary, effective, and systematic way to plan for and incorporate cultural and linguistic competence. An assessment should address the attitudes, behaviors, policies, structures and practices of an organization, including those of its paid staff and volunteer participants.

While there are many tools and instruments to assess organizational cultural and linguistic competence, none has been specifically developed to address the unique issues of local programs such as Fetal Infant Mortality Review (FIMR) teams. The Cultural and Linguistic Organization Assessment Instrument for Fetal and Infant Mortality Review Programs (CLCOA-FIMR) was developed to meet this need. The CLCOA-FIMR is intended to support FIMRs to: (1) plan for and incorporate culturally and linguistically competent policies, structures, and practices in all aspects of their work; (2) enhance the quality of case reviews and action plans within diverse and underserved communities; and (3) promote cultural and linguistic competence as an essential approach in the elimination of disparities and the promotion of health and mental health equity.

Your FIMR organization may use assessment results: (1) to provide a summary of the strengths and areas for growth to advance cultural and linguistic competence, (2) for strategic planning, and (3) to improve the quality of the FIMR process in your community.

Conceptual Framework of the CLCOA-FIMR

The CLCOA-FIMR 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 but often go unnoticed and untapped (Mason, 1996). While defined differently cultural competence and linguistic competence, are integrally linked. The CLCOA-FIMR and the outcomes of the assessment process are intended to assist FIMRs to identify their strengths and areas for growth. The CLCOA-FIMR gathers a wide range of data in its four domains including: *Our World View, Who We Are, What We Do, and How We Work.*

Definitions

The National Center for Cultural Competence (NCCC) is providing the following definitions of terms used in this instrument. These definitions will help your FIMR have a shared understanding of the terms as you implement your self-assessment process.

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; and
- incorporate the above in all aspects of policy making, administration, practice, service delivery and systematically involve consumers, families, and communities.[1]

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 competency requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policies, 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).[2]

Cultural Brokering

Cultural brokering is defined as the act of bridging, linking, or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change.[3]

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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]

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, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion. (The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, Phase I Report Recommendations for the Framework and Format of Healthy People 2020, p.28 downloaded on 7/29/09 from http://www.healthypeople.gov/HP2020/advisory/PhaseI/PhaseI.pdf)

Diversity

For the purposes of this instrument, diversity refers to the following aspects of the populations in the communities served by a FIMR including, but not limited to: race, ethnicity, language, nationality, education, literacy, socio-economic status, political affiliation, tribal affiliation, religious or spiritual beliefs, age, gender, and sexual orientation and gender identity. Community diversity may also be impacted by geographic location or type of jurisdiction served (rural, suburban, rural, frontier, or tribal).

Health 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.[5]

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 7/9/08 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. 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. http://www.merriam-webster.com/dictionary/Policy

References:

1. Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed: Volume I.* Washington, DC: Georgetown University Child Development Center.
2. Goode, T. D., & Jones, W. A. (2009). Definition of linguistic competence. National Center for Cultural Competence. Georgetown University Center for Child & Human Development
3. Jezewski, M. A. (1990, August). Culture brokering in migrant farm worker health care. *Western Journal of Nursing Research, 12*(4), 497-513.
4. Wenger, A. F. Z. (1993). Cultural meaning of symptoms. *Holistic Nursing Practice, 7*(2), 22.
5. Braverman, P., & Gruskin, S. (2003). Defining equity in health. *Journal of Epidemiology and Community Health, 57,* 254-258.

Guidelines for Completing the FIMR-CLCOA

The instrument requires that you respond to detailed statements based on your knowledge, perceptions, and opinions. It may be difficult to rate your organization based on the categories given. It is important to respond to every item to the best of your knowledge. Check the box that reflects the best option available. *There are no right or wrong answers.* Please remember that it is important to answer with only one response in order to ensure the utility of the data.

If you are organizing a cultural and linguistic competence self-assessment using this tool please refer to accompanying document, Guide for Using the Cultural and Linguistic Organization Assessment Instrument for Fetal and Infant Mortality Review Programs.

Subscale: Our World View

This subscale examines, from the perspective of staff and team members: (1) the FIMR organization's philosophy, values, and commitment to cultural and linguistic competence, and (2) the extent to which this world view guides organizational behavior and its established policy. It probes the FIMR organization's world view of diversity and approaches to inclusion and health and mental health equity.

Please check only one box per item.

In my view, our FIMR:

1. **Reflects the cultural diversity of our community.** ☐ Not at All ☐ A Little ☐ Somewhat ☐ Very Much ☐ Don't Know

   This value is explicitly written in our organization's vision, mission, and/or guiding principles. ☐ Yes ☐ No ☐ Don't Know

2. **Views itself as having responsibility for serving all segments of our community.** ☐ Not at All ☐ A Little ☐ Somewhat ☐ Very Much ☐ Don't Know

   This value is explicitly written in our organization's vision, mission, and/or guiding principles. ☐ Yes ☐ No ☐ Don't Know

3. **Honors and respects the diversity of cultures within our community.** ☐ Not at All ☐ A Little ☐ Somewhat ☐ Very Much ☐ Don't Know

   This value is explicitly written in our organization's vision, mission, and/or guiding principles. ☐ Yes ☐ No ☐ Don't Know

4. **Recognizes the strengths, skills, and resiliency of diverse families and communities.** ☐ Not at All ☐ A Little ☐ Somewhat ☐ Very Much ☐ Don't Know

   This value is explicitly written in our organization's vision, mission, and/or guiding principles. ☐ Yes ☐ No ☐ Don't Know

5. **Is committed to addressing disparities in health and mental health care related to:**

   a. Race and Ethnicity ☐ Not at All ☐ A Little ☐ Somewhat ☐ Very Much ☐ Don't Know

   This value is explicitly written in our organization's vision, mission, and/or guiding principles. ☐ Yes ☐ No ☐ Don't Know

   b. Language(s) Spoken or Used ☐ Not at All ☐ A Little ☐ Somewhat ☐ Very Much ☐ Don't Know

   This value is explicitly written in our organization's vision, mission, and/or guiding principles. ☐ Yes ☐ No ☐ Don't Know

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c. Socio-economic Status   ☐ Not at All   ☐ A Little   ☐ Somewhat   ☐ Very Much   ☐ Don't Know

This value is explicitly written in our organization's vision, mission, and/or guiding principles.   ☐ Yes   ☐ No   ☐ Don't Know

d. Gender   ☐ Not at All   ☐ A Little   ☐ Somewhat   ☐ Very Much   ☐ Don't Know

This value is explicitly written in our organization's vision, mission, and/or guiding principles.   ☐ Yes   ☐ No   ☐ Don't Know

e. Sexual Orientation and Gender Identity and Expression   ☐ Not at All   ☐ A Little   ☐ Somewhat   ☐ Very Much   ☐ Don't Know

This value is explicitly written in our organization's vision, mission, and/or guiding principles.   ☐ Yes   ☐ No   ☐ Don't Know

f. Geography (e.g., frontier, rural, suburban, urban, tribal, territorial)   ☐ Not at All   ☐ A Little   ☐ Somewhat   ☐ Very Much   ☐ Don't Know

This value is explicitly written in our organization's vision, mission, and/or guiding principles.   ☐ Yes   ☐ No   ☐ Don't Know

6. Believes that it is important to advocate with and on behalf of diverse communities not only for improved health but also for improved quality of life (e.g., employment, housing, safe neighborhoods, economic development).   ☐ Not at All   ☐ A Little   ☐ Somewhat   ☐ Very Much   ☐ Don't Know

This value is explicitly written in our organization's vision, mission, and/or guiding principles.   ☐ Yes   ☐ No   ☐ Don't Know

7. Is committed to diversity in our:

a. Leadership   ☐ Not at All   ☐ A Little   ☐ Somewhat   ☐ Very Much   ☐ Don't Know

This value is explicitly written in our organization's vision, mission, and/or guiding principles.   ☐ Yes   ☐ No   ☐ Don't Know

b. Case Review Team   ☐ Not at All   ☐ A Little   ☐ Somewhat   ☐ Very Much   ☐ Don't Know

This value is explicitly written in our organization's vision, mission, and/or guiding principles.   ☐ Yes   ☐ No   ☐ Don't Know

c. Community Action Team   ☐ Not at All   ☐ A Little   ☐ Somewhat   ☐ Very Much   ☐ Don't Know

This value is explicitly written in our organization's vision, mission, and/or guiding principles.   ☐ Yes   ☐ No   ☐ Don't Know

d. Staff   ☐ Not at All   ☐ A Little   ☐ Somewhat   ☐ Very Much   ☐ Don't Know

This value is explicitly written in our organization's vision, mission, and/or guiding principles.   ☐ Yes   ☐ No   ☐ Don't Know

e. Other Volunteers   ☐ Not at All   ☐ A Little   ☐ Somewhat   ☐ Very Much   ☐ Don't Know

This value is explicitly written in our organization's vision, mission, and/or guiding principles.   ☐ Yes   ☐ No   ☐ Don't Know

COMMENTS: _____

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Subscale: Who We Are

This subscale examines workforce diversity, and the necessary staff and team development/training to support cultural and linguistic competence.

Please check only one box per item.

1. **The diversity of the families and communities that it is our mission to serve is reflected in our:**

    a. Leadership   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    b. Case Review Team   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    c. Community Action   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    d. Staff   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    e. Other   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know ☐ Not Applicable

2. **Our FIMR provides new member orientation to our philosophy, policies, and practices related to cultural and linguistic competence to all:**

    a. Case Review Team Members   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    b. Community Action Team Members   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    c. Staff   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    d. Other Volunteers   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know ☐ Not Applicable

3. **Our FIMR requires and provides in-service and/or training opportunities in cultural and linguistic competence for:**

    a. Case Review Team Members   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    b. Community Action Team Members   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    c. Staff   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    d. Other Volunteers   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know ☐ Not Applicable

4. **Our FIMR includes knowledge and skill sets related to cultural and linguistic competence:**

    a. When recruiting Case Review and Community Action Team members   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    b. In position descriptions and performance evaluations for staff   ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

COMMENTS: _____

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Subscale: What We Do

This subscale examines how cultural and linguistic competence applies to the core functions of the FIMR including information gathering, case review, and community engagement and action.

Please check only one box per item.

General Information Gathering

Our FIMR:

1. **Keeps abreast of current and emerging demographics in the communities we serve.**　☐ Yes　☐ No　☐ In Progress　☐ Don't Know

2. **Examines data on race, ethnicity, language, and national origin of the families who experience fetal and infant deaths in the communities we serve.**　☐ Yes　☐ No　☐ In Progress　☐ Don't Know

Medical Records and Other Records Abstraction

Our FIMR:

3. **Has a process for case selection that takes into account cultural and linguistic variables (e.g. factors such as age, SES, language(s) spoken, literacy, immigration status).**　☐ Yes　☐ No　☐ In Progress　☐ Don't Know

4. **Gathers data on cases from sources that can document strengths of the families and the communities we serve (e.g., WIC, nursing case management, etc.)**　☐ Yes　☐ No　☐ In Progress　☐ Don't Know

Maternal Interview

Our FIMR's Maternal/Family Interview Process:

5. **Ensures equal opportunity for families of all selected cases to participate in the maternal/family interview regardless of such factors as age, SES, language(s) spoken, literacy, immigration status, neighborhood or type of loss.**　☐ Yes　☐ No　☐ In Progress　☐ Don't Know

6. **Ensures language access (e.g., interpretation and translation services) for all families who request or prefer such services.**　☐ Yes　☐ No　☐ In Progress　☐ Don't Know

7. **Takes literacy into consideration in recruiting and working with families and other community members.**　☐ Yes　☐ No　☐ In Progress　☐ Don't Know

8. **Uses interview tools that:**
   a. **gather information about strengths and resilience of families and communities.**　☐ Yes　☐ No　☐ In Progress　☐ Don't Know

   b. **capture relevant cultural contexts for both families and communities.**　☐ Yes　☐ No　☐ In Progress　☐ Don't Know

Our FIMR's Maternal/Family Interview Process:

9. **Employs maternal/family interviewers who:**
   a. Are fluent or proficient in the language(s) of the persons being interviewed ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

   b. Are trained to work with interpreters (e.g., foreign language and sign language) ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

10. **Ensures that maternal/family interviewers have cultural knowledge of families in our community related to:**
    a. Health beliefs and practices ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    b. Help-seeking behaviors ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    c. Religious or spiritual beliefs and practices ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    d. Beliefs about pregnancy ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    e. Child rearing practices ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

    f. Expressions of grief/bereavement ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

11. **Ensures that maternal/family interviewers have the skills to report information gathered from diverse families and communities in an accurate and unbiased manner.** ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

12. **Ensures that the Case Review Team member who presents the de-identified case report has the skills to report the interview information gathered from diverse families and communities in an accurate and unbiased manner.** ☐ Yes ☐ No ☐ In Progress ☐ Don't Know

Case Review

Our FIMR Case Review Process:

13. **Reviews the data gathered within the contexts of the following factors:**
    a. Cultural values and beliefs of the family ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

    b. Cultural values and beliefs of the family's community ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

    c. Family's English language proficiency ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

    d. Family's literacy skills ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

    e. Family's health literacy skills ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

    f. Family's level of acculturation to life in your area ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

    g. Cultural strengths and protective factors within the family's community ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

14. **Includes individuals in the Case Review process to educate the team about the cultural contexts of families and communities (e.g., cultural brokers, cultural navigators, key informants, community liaisons).** ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

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Our FIMR Case Review Process:

15. **Takes into account current and historical experiences of families either in the U.S., tribal lands, and territories or in their country of origin.**
☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

16. **Addresses possible bias in team members' interpretations of data and perspectives about families.**
☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

17. **Makes recommendations that address the culturally diverse needs of at-risk groups.**
☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

Community Action Team

Our FIMR's Community Action Team:

18. **Includes the following in our team's membership:**

   a. Cultural, racial, language-specific community support and advocacy organizations
   ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

   b. Representatives from natural, informal networks of support in communities
   ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

   c. Community elders and cultural leaders
   ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

   d. Faith or spiritual community representatives
   ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

19. **Actively seeks the participation of a diverse pool of families.**
☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

20. **Assures meaningful participation of families and communities by providing the following:**

   a. Training about the FIMR process
   ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

   b. Ongoing mentoring to support active participation
   ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

   c. English language and sign interpretation and translation, as needed or preferred
   ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

   d. Stipends or other recognition of their time and expertise
   ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

21. **Holds meetings at times and in places that are acceptable and accessible to families.**
☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

22. **Assures that multiple perspectives are considered and protects all voices on the team.**
☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

23. **Assesses proposed actions within the context of the cultural values and beliefs of the families and communities impacted.**
☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

Our FIMR's Community Action Team:

24. **Identities community strengths when developing action plans.** ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

25. **Identifies and works with natural networks of supports in communities to increase awareness of health and mental health care issues that affect high risk communities** ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

26. **Cultivates relationships with a diverse array of community leaders and groups to increase awareness of and support for the FIMR process.** ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

27. **Implements culturally relevant action plans that improve services and resources for high risk families.** ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

28. **Employs multiple strategies to ensure that the broader community knows about the FIMR and what it does.** ☐ Never ☐ Seldom ☐ Sometimes ☐ Routinely ☐ Don't Know

COMMENTS: _____

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Subscale: How We Work

This subscale examines how the FIMR applies cultural and linguistic competence to: (1) infrastructure and funding, and (2) community engagement activities.

Please check only one box per item.

Our FIMR:

1. **Engages diverse communities and ensures their meaningful participation in all aspects of our organization's:**

   a. Planning activities   ☐ Never   ☐ Seldom   ☐ Sometimes   ☐ Routinely   ☐ Don't Know

   b. Interventions/community actions   ☐ Never   ☐ Seldom   ☐ Sometimes   ☐ Routinely   ☐ Don't Know

   c. Evaluation   ☐ Never   ☐ Seldom   ☐ Sometimes   ☐ Routinely   ☐ Don't Know

2. **Regularly seeks and/or leverages resources for:**

   a. Provision of interpretation and translation services.   ☐ Never   ☐ Seldom   ☐ Sometimes   ☐ Routinely   ☐ Don't Know

   b. Training activities for staff and volunteer team members on cultural and linguistic competence.   ☐ Never   ☐ Seldom   ☐ Sometimes   ☐ Routinely   ☐ Don't Know

   c. Development and adaptation of health education materials to meet language and literacy preferences and needs of communities served.   ☐ Never   ☐ Seldom   ☐ Sometimes   ☐ Routinely   ☐ Don't Know

   d. Development of community actions that meet the needs of culturally diverse communities served.   ☐ Never   ☐ Seldom   ☐ Sometimes   ☐ Routinely   ☐ Don't Know

COMMENTS: _____

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Acknowledgements

The Cultural and Linguistic Competence Organizational Assessment Instrument for Fetal and Infant Mortality Review Programs (CLCOA-FIMR) was developed by the National Center for Cultural Competence (NCCC) in collaboration with the National Fetal and Infant Mortality Review Program with guidance from a national workgroup of state and local FIMR representatives.

The National Center for Cultural Competence (NCCC) provides national leadership and contributes to the body of knowledge on cultural and linguistic competence within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education and advocacy.

The NCCC is a component of the Georgetown University Center for Child and Human Development (GUCCHD) and is housed within the Department of Pediatrics of the Georgetown University Medical Center.

The NCCC provides training, technical assistance, and consultation, contributes to knowledge through publications and research. It creates tools and resources to support health and mental health care providers and systems. The NCCC supports leaders to promote and sustain cultural and linguistic competence, and collaborates with an extensive network of private and public entities to advance the implementation of these concepts.

The NCCC provides services to local, state, federal, and international governmental agencies, family advocacy and support organizations, local hospitals and health centers, healthcare systems, health plans, mental health systems, universities, quality improvement organizations, national professional associations, and foundations. In addition, the NCCC's on-line curriculum modules, publications, and products are accessed by tens of thousands of individuals each year.

The National Fetal and Infant Mortality Review (NFIMR) Resource Center resource center provides technical assistance in all aspects of developing and carrying out a fetal and infant mortality review (FIMR) program. The resource center can help a new FIMR start up and can assist sophisticated, well-established programs to fine-tune specific aspects of the process. NFIMR links programs with peers who can share insights and strategies. NFIMR works with states to explore methods to manage multiple reviews and to identify models that integrate local FIMR recommendations into regional or statewide assessments.

The NCCC and NFIMR are grateful for the expertise and enthusiasm of the following expert state and local FIMR contributors to the instrument:

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