

A Guide for Using the Cultural and Linguistic Competence Organizational Assessment Instrument for Fetal and Infant Mortality Review Programs



DEVELOPED BY

**National Center for
Cultural Competence**

Georgetown University Center for Child and Human Development

N A T I O N A L
NFIMR
FETAL- INFANT MORTALITY REVIEW PROGRAM

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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 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.

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Introduction

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 boards, advisory groups, staff, and volunteers. The process of self-assessment can include the administration of a structured instrument, such as the Cultural and Linguistic Competence Organizational Assessment Instrument for Fetal and Infant Mortality Review Programs (CLCOA-FIMR). It can also include focus groups, structured interviews, analysis of community, regional, and state demographic data, and review of the organization's values, mission, policies, procedures, budget, and web/print documents.

While there are many tools and instruments to assess organizational cultural and linguistic competence, none has been specifically developed to address the unique functions of FIMRs. The CLCOA-FIMR was developed to fill this void. 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 data gathering, case review and the effectiveness of community action teams; 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.

Since FIMRs are implemented in many configurations, the instrument is designed to address the three core *functions* of FIMRs—data gathering, case review and community action. FIMRs using the instrument may be hosted by a variety of organizations—local health departments, local maternal and child health coalitions, local hospitals or regional perinatal hospitals (National Fetal and Infant Mortality Review Program, 2008). FIMRs may be only one of many programs within the host organization. Thus, each FIMR will need to determine the level of the organizational assessment, the array of participants who will provide input to the self-assessment process, and the appropriate organizational unit to utilize the information gathered for future action planning.

The Benefits

There are numerous benefits for FIMRs to engage in cultural and linguistic competence self-assessment. Such benefits include but are not limited to:

- increase community and family trust and engagement in data gathering activities;
- expand partnerships that will meaningfully involve families, youth, community stakeholders, and key constituency groups;
- ensure that case reviews incorporate cultural perspectives of families and communities;
- ensure that community action team activities address the cultural contexts of the community served;
- guide the allocation of resources (staff and fiscal) to improve the quality of services and supports; and
- determine strengths and areas for growth for individual participants in the FIMR, and the FIMR organization as a whole.

Values and Principles for Self-Assessment

The NCCC uses the following set of values and principles to guide all self-assessment processes.

- **Self-assessment is a strengths-based model.**

The purpose of self-assessment is to identify and promote growth among individuals and within organizations that enhances their ability to deliver culturally and linguistically competent services and supports. Self-assessment emphasizes the identification of strengths, as well as areas of growth, at all levels of an organization. The process also allows organizations to identify and acknowledge the internal strengths and assets of staff that may be inadvertently overlooked.

- **A safe and non-judgmental environment is essential to the self-assessment process.**

Self-assessment is most productive when conducted in an environment that (1) offers participants a forum to give honest statements of their level of awareness, knowledge, and skills related to cultural and linguistic competence; (2) provides an opportunity for participants to share their individual perspectives in a candid manner; and (3) ensures that information provided will be used to effect meaningful change within the organization. The NCCC embraces the concept that cultural competence is developmental and occurs along a continuum (Cross et al., 1989). It matters not where an individual or organization starts, as long as there is continued progression toward the positive end of the continuum.

- **A fundamental aspect of self-assessment ensures the meaningful involvement of service recipients, community stakeholders, and key constituency groups.**

Principles of self-determination and cultural competence ensure that service recipients are integrally involved in processes to plan, deliver, and evaluate the services and supports they receive. These principles extend beyond the individual to the community as a whole. Self-assessment must solicit and value the experiences and perspectives of service recipients. Similarly, opinions should be sought from key stakeholders and constituency groups within the broader system of care. An inclusive self-assessment process can forge alliances and partnerships that have long-lasting benefit for the organization and for the larger community.

- **The results of self-assessment are used to enhance and build capacity.**

The intent of the self-assessment process is neither to render a score or rating nor to label an individual or an organization. Rather, it is intended to provide a snapshot of where an individual or organization is at a particular point in time. Results should be used at the: (1) individual level to identify specific areas of knowledge and skills for continued growth; and (2) organizational level for strategic planning, quality improvement, and organizational change processes. The NCCC's experiences with self-assessment have demonstrated that comparisons between professionals and among organizations are of little benefit. Greater benefit is derived from individual and organizational self-comparison over extended periods of time to ascertain the extent to which growth has occurred.

- **Diverse dissemination strategies are essential to the self-assessment process.**

Self-assessment results should be shared with participants and key stakeholders in a manner that meets their unique needs. The NCCC employs an array of dissemination strategies that are tailored to the specific interests of the participating organization. This approach to information sharing involves identification of the audiences and presentation of the data in formats that are most useful and accessible to them. This approach recognizes that the need for information may vary for policy makers, administrators, service providers, consumers, families, and other stakeholders.

Instrument Description

The CLCOA-FIMR is designed as a self-assessment instrument and requires approximately 30 minutes to complete. It is designed to allow participants and stakeholders to provide thoughtful input to the FIMR process and those completing the instrument should be prepared to set aside the time to complete the items. The instrument is not designed to be a quick survey. It consists of four domains—*Our World View, Who We Are, What We Do, and How We Work*. The CLCOA-FIMR is designed to address these areas in relation to the three aspects of the FIMR cycle—data gathering, case review, and community action. The instrument requires a response to detailed statements based on the respondents’ knowledge, perceptions, and opinions. It may be difficult for respondents to rate their organization based on the categories given. However, it is important for respondents to answer every item to the best of their knowledge. Each subscale item uses yes/no response fields and/or either a three- or four-point Likert scale. Respondents should check the box that reflects the best option available. Respondents should be reminded that there are no right or wrong answers.

Our World View subscale examines, from the perspective of staff or volunteers: (1) the FIMR philosophy, values, and commitment to cultural and linguistic competence, and (2) the extent to which this world view guides organizational behavior and is established in policy. It probes the FIMR’s world view of diversity and approaches to inclusion and equity.

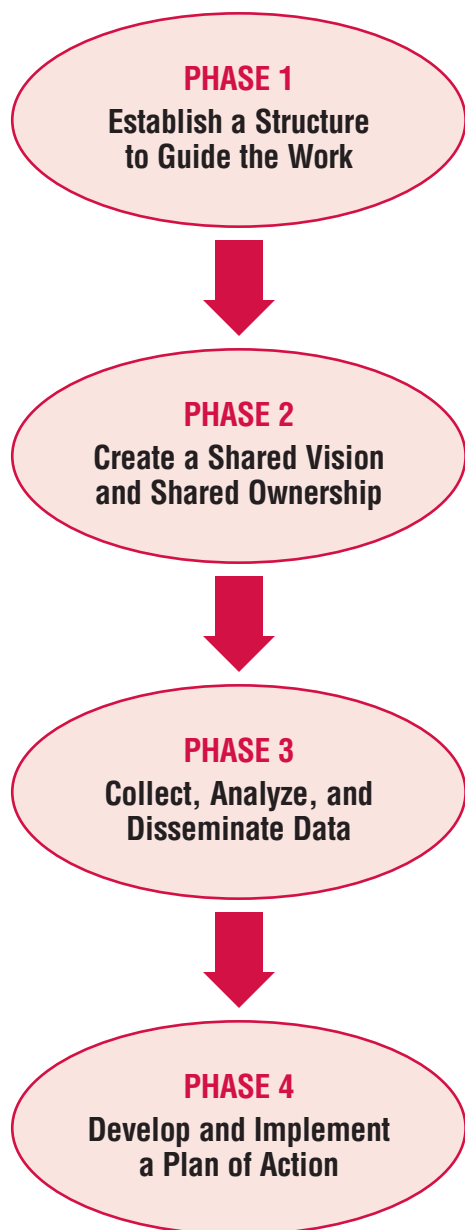
Who We Are subscale examines the diversity of staff and volunteers, and the necessary knowledge and skills development and training to support cultural and linguistic competence.

What We Do subscale examines how cultural and linguistic competence applies to the core functions of the FIMR including data gathering, case review, and community action.

How We Work subscale examines how the FIMR applies cultural and linguistic competence to: (1) infrastructure and funding, and (2) community engagement and leadership.

A Four-Phase Approach to Organizational Self-Assessment

A four-step process for organizational self-assessment is delineated below. The NCCC encourages the use of this process; however, considerable flexibility is also encouraged to make needed adaptations based on the unique considerations of your FIMR.



Process to Conduct an Organizational Self-Assessment

- **Establish a structure to guide the work**
Assemble a work group with the responsibility of coordinating the organizational self-assessment. The group can plan, implement, and provide oversight to the process. Be inclusive. Extend invitations to staff, volunteers, host organization boards/advisory committees, families, community partners, and stakeholders.
- **Create a shared vision and shared ownership**
Convene forums to define cultural competence and linguistic competence and explore their value and relevance for your FIMR. These forums can be held face-to-face during regularly scheduled or special team meetings or via teleconference. Solicit diverse participation. Include representation from staff, volunteers, families, partners, community-based organizations in the service area, key stakeholders, and invested constituency groups.
- **Collect, analyze, and disseminate data**
Many data sources can be tapped for the self-assessment process including those from the FIMR-CLCOA, focus groups, interviews, Census and vital records data, and the FIMR's own records. These data should be carefully reviewed and analyzed. Use the data to develop a report that celebrates the strengths of your FIMR and delineates areas for growth.
- **Develop and implement a plan of action**
Create a plan of action using the results of the organizational self-assessment. Identify priorities. Determine the strategies, activities, partners, resources, timetables, and responsible parties to achieve desired goals. Establish benchmarks to monitor and assess progress.

Frequently Asked Questions About a Cultural and Linguistic Competence Self-Assessment for FIMRs

Appendix 2 provides a detailed description of ways to implement the four phases to organizational self-assessment. This description is a resource you can use in developing your own process. Each FIMR will need to tailor the exact approach to its specific structure and resources, but the four phases are key to success.

This section includes frequently asked questions about cultural and linguistic competence self-assessment for FIMRs.

What should be included in a self-assessment?

Conducting self-assessment is time and resource intensive. Determine the scope of the self-assessment process for your FIMR. You may only choose to administer and use the data from the CLCOA-FIMR. Or, you may decide that it would be beneficial to convene focus groups, conduct structured interviews, or conduct an in depth analysis of your FIMR's written policies, procedures, budget, and web/print documents. If your FIMR chooses another approach, the CLCOA-FIMR can be a useful guide to identifying the domains to review. The success of the self-assessment process is in part dependent on allowing ample time to complete each phase and dedicating the necessary staff and fiscal resources.

How do we get started with the self-assessment process?

Appendix 2 has a detailed discussion of steps you may want to consider. The following are most important:

- Determine how you will ensure community involvement in the process. This involvement may include ensuring that community stakeholders on your Community Action Team (CAT) are involved in planning the process. You may also seek input beyond CAT team members through community focus groups and key informant interviews. (See page 20 for more details)
- Get buy-in for the process. Spend time with staff and team members talking about why you are doing the assessment and how cultural and linguistic competence of the FIMR is an essential part of ensuring quality. The process can improve the quality of the information reviewed, the recommendations generated and the actions taken. Self-assessment reflects the overall commitment to continuous quality improvement that is the core of the FIMR model. Let the FIMR members know that the assessment is not to give them individually, or the FIMR as a whole, a grade, but to identify your strengths and areas where you might want to focus your attention to enhance your process. You can use the information in this Guide about the benefits of self-assessment and the values for the process to inform your discussions. (See page 21 for more details)

- Spend some time in talking about what cultural competence and linguistic competence are—you can use the definitions in the instrument and the guide—and how they relate to your FIMR. Use the list of definitions to assure that everyone understands the terms as they are used in the CLCOA-FIMR. (See page 15 for details)
- Decide on whether you will be using the CLCOA-FIMR or other approaches.
- Decide who will oversee the process. Sometimes it may be the FIMR coordinator, but other times that individual may be overwhelmed with other duties. A volunteer or two from the Case Review Team (CRT) or CAT may be willing to take on the role of organizing the process. There may be other resources in your community that might help—students or faculty from a local college or university, someone in your AHEC, etc.

How should we conduct the assessment?

You will want to tailor the process to your FIMR. If you decide to use the CLCOA-FIMR, there are different approaches to consider. Your FIMR may be a very small program and you may decide that the best approach is to use the instrument in a discussion of your program. This approach works if the group is so small that confidentiality is unlikely. It is best, however, to allow individuals to fill out the instrument in a way that provides confidentiality so that they can be as forthright as possible. Since most members of the FIMR may be donating their time, you will have to come to an agreement with them about when and where they want to complete the instrument. They may want to take it with them and return it at a later date or they may want time during a FIMR team meeting. If the latter is true, you may want to set aside time during several meetings to do one section or two at a time, so that the process does not interfere with other team activities.

Who should be involved in completing the CLCOA-FIMR?

Staff for the FIMR, members of the review and community action teams and interviewers for the program should be involved. You may determine that not all members have knowledge about each phase of the FIMR process, but you should encourage them to complete as much as they can. Each question has a response “Don’t Know” and it may be useful for you to understand how many members of your FIMR know and understand the full process. It is a good way to get your team members to start thinking about cultural and linguistic competence in the whole FIMR process. Remember, this is an assessment of your FIMR, not the organization that houses it or may pay for the staff time to support it.

We have no budget for a cultural and linguistic competence self-assessment process.

How can we move forward?

FIMRs have extensive experience in moving activities forward with little or no budget. In Chapter 8 of the FIMR manual, taking stock of the FIMR process is described as a way to improve FIMR program operations, build community support for the program and improve opportunities for funding (NFIMR, 2008). A cultural and linguistic competence self-assessment effort is part of the overall self-examination process. Your FIMR may choose to focus on cultural and linguistic competence as the area for evaluation and taking stock in a given time period.

The amount and kinds of resources for your self-assessment process will depend on your funding, on the kinds of volunteer expertise on your teams and your connections with other community organizations that may have the time and experience to help you implement the effort. The basic resources will include: 1) time and effort to coordinate the process; 2) costs for duplicating the instrument or other materials; 3) time and effort to analyze the data; and 4) the time of the FIMR

members to complete the questionnaire and to discuss an action plan based on the results. In addition, if the FIMR chooses to gain input from community members through focus groups, then resources to support that process may include: 1) space for the meetings; 2) time and effort of facilitators; 3) stipends/reimbursement for participants; 4) food for the meetings; and 5) time and effort to analyze the findings and report them to the FIMR. Look to your networks for volunteers to support the process and to your community partners to help you implement the activities.

Why are there so many questions on the instrument?

Because FIMRs have three distinct functions—information gathering, case review and community action—it is important to ask about cultural and linguistic competence related to each of those functions. Some of the questions are about the overall FIMR process, but most are specific to a particular function. Thus, many of the same types of phrases appear more than once in the instrument, but each time are related to a specific FIMR activity and process. Be sure to let your members know about the sections specific to the FIMR processes that they know best. Encourage them to respond to as many areas as they can, based on their roles within your FIMR.

Our FIMR members have completed the instrument. Now what?

Create a database or way to record each person's responses to all the items. You will then be able to count how many people gave each type of answer for each question. It is then most useful to calculate percentages for each response. By looking at the pattern of responses, you can then determine what your FIMR is doing well and where you may want to enhance your process. See page 23 in Appendix 2 for detailed instructions.

With the data you have gained, you can then begin to develop a set of actions to enhance your FIMR process. You may do this as part of your ongoing strategic plan, as part of your quality improvement process or as a special effort to address cultural and linguistic competence. Engage your team members and community partners in choosing the areas to address and in creating the approaches you will use. See page 24 in Appendix 2 for more details on action planning.

How often should we use the instrument?

Since the instrument gives you a "snapshot" in time, you may decide to repeat it or portions of it at some regular interval that coincides with your ongoing quality improvement and self-evaluation activities (e.g., every year or 18 months.) You may also decide to implement a series of actions to enhance your cultural and linguistic competence and then to use portions of the instrument and community input to gauge your progress.

Conclusion

If you have reached this point in the guide, congratulations!! Your FIMR is well on its way to exploring the benefits of cultural and linguistic competence organizational self-assessment. The energy and drive to continue this momentum will require focused leadership, partnerships, and dedicated resources. As stated previously, the process of organizational self-assessment is not a discreet occurrence. You will be able to use this process, on a routine basis, to both gauge and guide your efforts to infuse cultural and linguistic competence within all aspects of your FIMR.

APPENDIX 1

Definition of Key Terms

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

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>

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APPENDIX 2

Process of Self-Assessment

Useful Steps: Making the Self-Assment Process Work for Your FIMR

The process of self-assessment is just as important as the outcomes. There is no one method for conducting organizational self-assessment. The NCCC, however, has found the following steps to be useful based on years of experience in planning and conducting self-assessment processes for health, mental health, and other human service organizations.

USEFUL STEPS FOR PHASE 1: Establish a Structure to Guide the Work

Identify an individual or consultant to coordinate the self-assessment process.

Some organizations choose to use a consultant, while others identify a staff member to lead or coordinate the self-assessment process. You should make this decision based on the: (1) resources available to your FIMR and (2) knowledge and skills of identified staff member(s).

- **If you select a staff member, make sure that she/he is interested and has the time to devote to this effort.**
Oftentimes, staff that have a reputation for getting things done are frequently selected or “volunteered” for yet additional tasks. Before you select your FIMR’s “go to person”, find out if he/she is really interested in coordinating a self-assessment process. If you do indeed select your FIMR’s “go to” person, it may be necessary to defer or reassign responsibilities /workload until the self-assessment process is completed. Some FIMRs have few dedicated staff, so the responsibility may need to be shared among two or three volunteer members of the FIMR team.
- **If you get a consultant, get the right one.**
Numerous consultants market their skills in the areas of diversity, cultural competence, or linguistic competence. Make sure the consultant you select is the right match for your organization and the communities it serves and for the tasks to be conducted. The consultant should have knowledge of conducting cultural and linguistic competence assessment processes and experience working with FIMRs or other community coalitions. Conduct interviews and inquire about the consultant’s philosophy, definition, and frame of reference for cultural competence and linguistic competence. Determine if these views are consistent with those of your FIMR, if not, you know what to do.

Put a structure in place to guide the process.

Some organizations use existing committees and others create a work group expressly for this purpose. Decide which works best for your FIMR. The work group can plan, implement, and provide oversight to the self-assessment process. Be inclusive! FIMRs may be tempted to have their Community Action Teams take on this work, but involving some members of the data gathering and case review arms of the FIMR will greatly enhance the process. Extend invitations to staff, volunteers, board members, families, community partners, and key stakeholders. The work group should have ready access to decision makers, or a designated work group member should have authority to make routine decisions during the process.

A common issue that plagues many work groups is differences in opinion in how to get the work done. This may be further exacerbated when cultural expressions of opinions are misinterpreted and misunderstood. For example, some group members will want to progress quickly through an agenda because saving time is an important value. For others, who value relationships or need additional time to process complex information, moving quickly may inhibit their full participation. Selecting a chairperson who can meet the challenges of guiding a diverse group of people which has not previously worked together is a necessity. A final strategy to consider is preparing all members to participate fully and effectively. Provide meeting summary notes, agendas, and reading/recorded materials in advance. Some members may benefit from being paired with another who has more experience in group processes.

The following “words from the wise” are offered in anticipation of and to assist with group dynamics.

- Ensure a safe environment for work group members to share their thoughts, perspectives, and feelings.
- Let the group “be” before it “does”. All groups go through a process of “norming”.
- Attend to members’ cultural practices—different experiences and preferences for getting work done. This step is particularly important when you add new stakeholders to your workgroup who have not participated in your FIMR process in the past.
- Reach agreement on approaches for communication, conflict resolution, and decision-making to facilitate the work of the group.
- Attend to literacy and language access needs and preferences of all group members.
- Prepare and support all work group members to participate fully and effectively (e.g., provide meeting summary notes, agendas, and reading materials in advance).
- Address issues associated with power (i.e., historical, perceived, and actual) among group members.
- Pair a work group member with another who has more experience in group processes.

Allocate the necessary resources to get the job done.

Conducting self-assessment is time and resource intensive. Determine the scope of the self-assessment process for your FIMR. You may only choose to administer and use the data from the CLCOA-FIMR. Or, you may decide that it would be beneficial to convene focus groups, conduct structured interviews, or conduct an in depth analysis of your FIMRs written policies, procedures, budget, and web/print documents. The success of the self-assessment process is in part dependent on allowing ample time to complete each phase and dedicating the necessary staff and fiscal resources. The following “tips” are provided to help your FIMR think through the time, effort, and money.

Fiscal Resources

- Determine the amount of fiscal resources that your FIMR can devote to conducting a self-assessment.
- Remember that some resources may be in-kind or donated from community partners. One-time grants from local/national foundations may be a source of funding as well.
- Develop a realistic budget. Line items may include but are not limited to:
 - consultant fees
 - stipends or reimbursement for family/community participation in work group activities
 - interpretation and translation services
 - sign language interpretation services or other accommodations for people who experience disabilities
 - costs associated with convening focus groups
 - telephone/conference calls
 - copying, mailing, and related dissemination activities
 - refreshments (appropriate to the time of day of meetings or focus groups and food choices that reflect community preferences)

Staff Resources

- Determine the responsibilities and the amount of time that staff will devote to the self-assessment process. Protect this time.
- Develop realistic timelines for meeting all tasks associated with the self-assessment process (e.g., routine meetings or teleconferences, administration of the instrument and analysis of resulting data, collection and analysis of other data sources, focus groups, interviews, disseminating findings)
- Make judicious use of time devoted by community partners, key stakeholders, and family volunteers.

Invite community partners and key stakeholders to the table.

A self-assessment process that is inclusive of community stakeholders and partners provides an opportunity to obtain a rich array of information.

- Extend an invitation to community stakeholders and partners to be involved from the beginning of the process.
- Individuals and organizations may choose different ways to be involved in the self-assessment process (e.g., provide advice in preliminary planning activities, serve as work group members, participate in focus groups, help to identify or donate resources, or provide services or staff assistance).
- Demonstrate that contributions of each community stakeholder and partner are valued and respected.

USEFUL STEPS FOR PHASE 2: Create a Shared Vision and Shared Ownership

Many organizations move forward with conducting an organizational self-assessment without first going through an important step of creating a shared vision and fostering shared ownership for cultural and linguistic competence. Creating a shared vision and fostering shared ownership are most effective when rooted in (1) a shared vocabulary and understanding of the concepts, (2) inclusive processes, and (3) buy-in strategies tailored to meet individual interests and needs. The following insights are offered based on past experiences in leading and conducting these efforts.

Shared Vocabulary, Shared Understanding

There are numerous concepts and definitions for cultural competence and linguistic competence. Moreover, these terms are often used interchangeably (e.g., cultural sensitivity, cultural awareness, culturally appropriate, culturally effective, linguistically appropriate). *Many mistakenly think that cultural competence and linguistic competence are solely for and about people of color or members of racial groups other than non-Hispanic white. These concepts are relevant for and applicable to all peoples since we are all cultural beings.* (See Appendix 1 for definition of culture.) All can benefit from having a shared vocabulary and shared understanding of key concepts and terms. This helps to move the process forward.

- Review the definitions of key terms in the Appendix 1 of this guide and engage staff, families, and key stakeholders in discussions about their meanings.
- Identify frameworks and definitions for cultural competence and linguistic competence from existing literature. Explore their meaning and relevance with staff, families, and key stakeholders.

An Inclusive Process

Without a shared understanding and inclusive processes, staff, families, key stakeholders, and community partners may not be “on the same page”. There are few documented instances in which inclusive processes were used to reach consensus on what is cultural competence and linguistic competence and what do these concepts mean within a given organization.

- Compile a list of staff, families, key stakeholders, and community partners to invite to participate in the consensus process.
- Review the list with an eye towards who is *not* at the table. Strive to assure diverse representation across racial, ethnic, linguistic, and cultural groups within the area or geographic locale served by your FIMR.
- Reach consensus on a definition and framework for cultural competence and linguistic competence within the context of your FIMR and the communities and constituency groups it serves.

Buy-in Strategies Tailored to Meet Individual Interests and Needs

Considerable insight can be gained when you pose and answer the following questions:

- Why is cultural and linguistic competence important to us as a FIMR?
- How will an organizational self-assessment process help us in our journey toward cultural and linguistic competence?
- What’s in it for me?

Being able to respond affirmatively and confidently to these questions will assist your FIMR to develop “buy in” strategies that are tailored for different stakeholders and constituency groups. What resonates with one group or segment of the community may not resonate with others. For example, families may want assurance that their cultural beliefs and practices will be honored and respected when FIMRs

review cases and develop community actions. Staff may want to increase the diversity of families that participate in interviews. Community partners may see the benefit of increasing your FIMR's capacity to address the issues that support better fetal and infant outcomes in a certain geographic area or those with language barriers. Efforts to elicit "buy in" should be planned, deliberate, and strategic.

- Clearly state your FIMR's rationale or reason for organizational self-assessment.
- Generate a list of anticipated benefits that can be derived from the self-assessment process.
- Enlist the assistance of champions who have credibility and influence among their peers and within their respective communities.
- Ask other organizations that have engaged in self-assessment to share their experiences—both challenges and successes.
- Invite "naysayers" or the "indispensable opposition" to the table. Dissenting opinions should be represented at the table; they can help shape strategies and approaches to better address and counter opposition. It is particularly beneficial when a dissenting member is 'converted' and becomes a credible voice within the opposition.

Shared Vision

Creating a vision for cultural and linguistic competence is a powerful process that enables all to have a stake in the benefits and outcomes.

- Engage staff, families, and key stakeholders in a process to create a shared vision for cultural competence and linguistic competence.
- Pose the questions: In five years if our FIMR is culturally and linguistically competent, what would it look like? What would be different?
- Review responses to the questions and reach a group consensus on a vision statement.

USEFUL STEPS FOR PHASE 3: Collect, Analyze and Disseminate Data

The scope of the self-assessment process your FIMR chooses to conduct will have a direct bearing on the types of data to be collected and analyzed. Data sets may include, but are not limited to: (1) the completed CLCOA-FIMR instrument, (2) focus groups, (3) structured interviews, (4) community, local, regional, and state demographic and vital statistics data, and (5) organizational records. The following guidance is provided to assist your FIMR with administering and scoring the CLCOA-FIMR

Administering the CLCOA-FIMR

A successful self-assessment, in part, depends on how much the staff and FIMR stakeholders understand, embrace, and are enthusiastic about the process. Your "buy in" strategies should have helped pave the way for this phase.

- Determine who will participate in the self-assessment process by completing the CLCOA-FIMR and who will be the best informants for each phase of the process. Some staff work across the whole process and should evaluate each phase. Other stakeholders may have the experience to comment on the phase in which they participate. Provide all participants the opportunity to respond to all sections, but provide opportunities for them to focus on the sections about which they are knowledgeable.
- Determine if the preference for completing it is either in person or via mail.
- Reiterate why your FIMR is invested in conducting an organizational self-assessment including the potential benefits.

- Review the instrument with respondents and answer any questions.
- Establish timelines for the return of all mail-in CLCOA-FIMR instruments.

Scoring the CLCFOA

The CLCOA-FIMR is not designed to give a score or “grade” to your organization. The CLCOA-FIMR is intended to help identify areas of strength and growth within your FIMR, and to provide guidance for the next leg of your journey toward achieving cultural and linguistic competence. Detailed guidance on how to score the CLCOA-FIMR follows. Refer to Appendix 3 for a suggested focus group protocol and sample structured interview questions.

1. Set up a way to record the scores on each item for each person completing the CLCOA-FIMR. You can use an electronic spreadsheet, such as Excel, a paper grid or spreadsheet or, if you have access to it, computer statistical software. Set this up so that you can enter each response and then can easily count how many people completing the instrument chose each response option.
2. After entering the data from all of the completed CLCOA-FIMR instruments, calculate the number of each type of response. Next, calculate percentages for each response. It may be useful to total the number for each response across an entire subscale or subsection of a subscale. This will provide you with an overview of which are areas of strength or areas for growth for your FIMR.
3. Choose criteria for a definition of areas of strength and areas for growth for your FIMR.
 - The NCCC suggests that on items with “Yes/No/In Progress/Don’t Know” response options, at least 75% of those completing the CLCOA-FIMR choose “yes” would qualify as areas of strength. Areas for growth are those below that level. Items on which a large percentage reported that the activity is “in progress” can be opportunities for more immediate success. Any areas where fewer than 25% of those completing the CLCOA-FIMR choose “yes” might be considered as particular challenges.
 - On items with response options of “Never to Routinely” or “Not at All to Very Much”, the NCCC suggests that strengths are items on which 75% or more choose “Routinely” or “Very Much”. Items on which 75% choose “Routinely” or “Sometimes” or “Very Much” or “Somewhat” may also be viewed as relative strengths and areas that might be opportunities for more immediate success. Items with percentages of response lower than 75% are areas for growth, with those that had fewer than 25% choosing the top category, as areas of particular challenge.

Analyzing and Reporting Data from the CLCFOA

After you have completed the scoring, your FIMR can look at subscales or particular items to identify strength and growth areas. If your FIMR chooses a statistical approach, treat the information as frequency data. The NCCC does not recommend calculating or reporting mean scores on items or the instrument as a whole. Questions to consider in analyzing the data are:

1. What are the specific areas of strength or areas for growth?
2. Are policies in place to support our work? If so, are members of our FIMR aware of them?
3. Are different segments of our FIMR (e.g., staff, volunteers, family interviewers, case review team members and community action team members) aware of our policies and practices related to cultural and linguistic competence?
4. Are there areas in which we are “almost” there and could quickly make progress?
5. How might our areas of strength help us make progress on our areas for growth?

USEFUL STEPS FOR PHASE 4: Develop and Implement a Plan of Action

The process of self-assessment yields a wealth of information. Now that all of the data analysis is completed, you can begin Phase 4. This phase of the process involves using this information to develop an action plan that clearly specifies the priorities and goals that your FIMR establishes for cultural and linguistic competence. A well-developed plan helps ensure that your FIMR has a fully detailed road map for the journey it is undertaking, and that all involved will be knowledgeable their roles and responsibilities. The following tips are offered to assist with developing and implementing a plan of action.

An action plan is a tool for moving forward on a strategy or project that has already been agreed upon or about which there is already consensus.

FIMRs may have strategic plans that set forth broad directions for an established period of time, typically five years or more. An action plan is not a substitute for your FIMR’s strategic plan. As presented in this guide, an action plan is an effective instrument for using the self-assessment results to plan for organizational change specifically related to cultural and linguistic competence. The action planning process should be used to:

- clarify and delineate tasks;
 - align the creativity, actions, roles, and responsibilities of work group members;
 - determine necessary actions, roles and responsibilities;
 - build trust, support, enthusiasm, and consensus;
 - create an implementation time line to accomplish tasks; and
 - coordinate actions and assignments.
- Establish a process for developing an action plan and select someone who is knowledgeable and skilled to lead the process.
 - Be inclusive. Invite staff, families, stakeholders, and community partners to be part of the process. They will enrich the process and can bring valuable resources to the planning process.
 - Establish benchmarks to monitor and assess progress at regular intervals.
 - Develop an action plan that consists of the following elements:

Strategy/Activity	Partners	Resources	Time Table	Responsible Parties

APPENDIX 3

Processes for Community Engagement in Self-Assessment

Suggested Structured Interview Questions

Your FIMR may choose to augment data collected from the CLCOA-FIMR by conducting structured interviews with community partners, stakeholders, and key constituency groups. The following questions are offered for your consideration, use, and/or adaptation.

- How well known is our FIMR in our community? In the culturally diverse communities within your service area or those that you represent?
- In which ways do you think our FIMR demonstrates that it values diversity?
- What do you believe are our FIMR's greatest strengths in working to improve our community's ability to address fetal and infant mortality in culturally and linguistically diverse populations? Where could we improve?
- Our FIMR is engaged in a process to enhance its cultural and linguistic competence. What approaches do you recommend to help us in our journey?
- What are ways in which we (your organization or constituency groups and our FIMR) can collaborate to address cultural and linguistic competence?

Suggested Focus Group Protocol

In addition to the CLCOA-FIMR, your FIMR may decide to conduct focus groups with families and other key stakeholders to gather additional data. The following tips are provided to assist with the process.

Tips for Conducting Focus Groups	
Selecting a Facilitator	<ul style="list-style-type: none"> • Choose a facilitator who is knowledgeable in conducting focus groups processes and who is not a member of your FIMR's staff or pool of committee members. • Decide on goals and outcomes and desired approaches to reach them.
Recruitment	<ul style="list-style-type: none"> • Include a diverse pool of participants that reflect the demographics of the community, service area, or state. • Include representatives of demographic groups new to the geographic area or groups that your FIMR has not been effective in reaching.
Compensation for Participants	<ul style="list-style-type: none"> • Decide whether or not your FIMR will offer compensation for participation. If so, find out about and adhere to local or cultural norms for compensation. • Be aware that some individuals may have cultural beliefs that equate the acceptance of monetary compensation as a pay off or bribe for making positive statements. Use cultural brokers and key informants to assist you in gathering this kind of information. • Some participants may require reimbursement for expenses incurred to participate in the focus group (transportation, child care, respite etc.).
Language Access Services and Accommodations	<ul style="list-style-type: none"> • Some participants may need or prefer interpretation and translation services in order to participate. Determine participants' level of need in advance and secure the appropriate language access services. • Ensure that accommodations are made for focus group members who have disabilities. • Identify and address the needs of participants with low literacy or who are unable to read.
Getting Started	<ul style="list-style-type: none"> • While FIMR staff may give the welcome, initial greetings, and acknowledgements, the focus group should not include staff or committee members. This encourages and allows participants to share opinions and ideas freely and candidly. • The facilitator should: <ul style="list-style-type: none"> – welcome participants and conduct introductions. – explain what a focus group is (a process that uses general, broad questions and emphasizes that there are no right or wrong, or good or bad answers). – provide background information and purpose of the group discussion. • Participants should receive assurances that their comments will be confidential or that no one will trace their comments back to them. However, some participants may want comments attributed to them and this should be honored. • All participants should sign a consent form that is available in the language of their preference. Consent should be explained orally if a participant has difficulty reading or is unable to read.

Logistics	<ul style="list-style-type: none"> • It may be necessary to convene multiple focus groups. Keep the groups small with 8-12 participants. • Convene focus groups at times and in settings that are convenient for participants. • For a variety of reasons, some organizations opt to convene focus groups via teleconference. This will require a facilitator that is comfortable with this format, a specific protocol for teleconferences, and other logistics such as toll-free telephone service and audio-recording. Careful consideration should be given as this format may not be the best option for some participants. • Offer refreshments or meals depending upon what time of the day the focus group is conducted.
Other Considerations	<ul style="list-style-type: none"> • Ensure that participants understand that the focus group is not a forum to debate ideas and that a diversity of ideas is highly valued and important to the data gathering process. • Pay particular attention to tension that may arise based on race, ethnicity, culture, language, sexual orientation and gender identity, class or other factors. • Approval by an Internal Review Board may be required to conduct focus groups depending on organizational policy.

Resources for Conducting Focus Groups

The Community Tool Box—Conducting Focus Groups

http://ctb.ku.edu/tools/en/section_1018.htm

Conducting Focus Groups

<http://www.cse.lehigh.edu/~glennb/mm/FocusGroups.htm>

