



# Cultural and Linguistic Competence Policy Assessment

## National Center for Cultural Competence

Georgetown University Center for Child and Human Development  
University Center for Excellence in Developmental Disabilities

Box 571485  
Washington, DC 20057-1485

Phone: 202-687-5387 or  
800-788-2066

TTY: 202-687-5503

Fax: 202-687-8899

E-mail: [cultural@georgetown.edu](mailto:cultural@georgetown.edu)

URL: <http://gucdc.georgetown.edu/nccc>

## Overview/Purpose

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

## Conceptual Framework of the CLCPA

The CLCPA is based on three assumptions: (1) achieving cultural competence is a developmental process at both the individual and organizational levels; (2) with appropriate support, individuals can enhance their cultural awareness, knowledge and skills over time; and (3) cultural strengths exist within organizations or networks of professionals but often go unnoticed and untapped (Mason, 1996). Linguistic competence, while defined differently, is integrally linked to cultural competence and is an essential aspect of cross-cultural communication. The CLCPA and the outcomes of the assessment process are intended to assist organizations to identify strengths and areas of growth for policy development and administration. The CLCPA captures a wide range of data in its seven subscales including: *Knowledge of Diverse Communities, Organizational Philosophy, Personal Involvement in Diverse Communities, Resources & Linkages, Human Resources, Clinical Practice and Engagement of Diverse Communities*.

## Guidelines for Completing the CLCPA

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

Thank you for your candor, time and patience.

## DEFINITIONS

### Cultural Competence

The NCCC embraces a conceptual framework and model of achieving cultural competence adopted from the Cross et al. (1989) definition. Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitude policies and structures that enable them work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of the individuals, families and communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and systematically involve consumers, families, and communities.

### Linguistic Competence

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

The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. This may include, but is not limited to, the use of:

- bilingual/bicultural or multilingual/multicultural staff;
- cross-cultural communication approaches
- cultural brokers;
- foreign language interpretation services including distance technologies;
- sign language interpretation services;
- multilingual telecommunication systems;
- videoconferencing and telehealth technologies;
- TTY and other assistive technology devices;
- computer assisted real time translation (CART) or viable real time transcriptions (VRT);
- print materials in easy to read, low literacy, picture and symbol formats;
- materials in alternative formats (e.g., audiotape, Braille, enlarged print );
- varied approaches to share information with individuals who experience cognitive disabilities;
- materials developed and tested for specific cultural, ethnic and linguistic groups;
- translation services including those of:
  - legally binding documents (e.g., consent forms, confidentiality and patient rights statements, release of information, applications)
  - signage
  - health education materials
  - public awareness materials and campaigns; and
- ethnic media in languages other than English (e.g., television, radio, Internet, newspapers, periodicals).

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

## DEFINITIONS (CONTINUED)

### **Culture**

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

### **Dialect**

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

### **Health Disparities**

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

### **Health Literacy**

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. [HP 2010: Health Communication](http://www.hrsa.gov/quality/healthlit.htm)  
<http://www.hrsa.gov/quality/healthlit.htm>

### **Organizational Culture**

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

### **Policy**

Policy is defined for the purposes of this instrument as a high level overall plan embracing the philosophy, general goals and acceptable procedures within an organization (Webster’s Collegiate Dictionary, 1985). Additionally, formal policy is written and codified. Informal policy is shared and understood verbally, however, compliance may or may not be enforceable and adherence may vary.

---

### **References**

- Cohen, E., & Goode, T. D. (1999), revised by Goode, T.D., & Dunne, C. (2003). Policy Brief 1: Rationale for Cultural Competence in Primary Care. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.
- Mason, J. L. (1995). Cultural Competence Self-Assessment Questionnaire: A manual for users. Portland, OR: Research and Training Center on Family Support and Children’s Mental Health, Portland State University.
- Schein, E. (1985), *Organizational Culture and Leadership*, Jossey-Bass, San Francisco, CA,

# CULTURAL AND LINGUISTIC COMPETENCE POLICY ASSESSMENT

## Guidelines for Completing the CLCPA

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

**Policy** is defined for the purposes of this instrument as a high level overall plan embracing the philosophy, general goals and acceptable procedures within an organization (Webster’s Collegiate Dictionary, 1985). Additionally, formal policy is written and codified. Informal policy is shared and understood verbally, however, compliance may or may not be enforceable and adherence may vary.

## Knowledge of Diverse Communities

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

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

Designated Cultural Groups	Not At All	Barely	Fairly Well	Very Well	Is there supporting policy?
					<input type="checkbox"/> No policy
					<input type="checkbox"/> Informal policy
					<input type="checkbox"/> Developing policy
					<input type="checkbox"/> Formal policy
					<input type="checkbox"/> I do not know

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

Designated Cultural Groups	Not At All	Barely	Fairly Well	Very Well	Is there supporting policy?
					<input type="checkbox"/> No policy
					<input type="checkbox"/> Informal policy
					<input type="checkbox"/> Developing policy
					<input type="checkbox"/> Formal policy
					<input type="checkbox"/> I do not know

Knowledge of Diverse Communities Continued

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

Designated Cultural Groups	Not At All	Barely	Fairly Well	Very Well	Is there supporting policy? <input type="checkbox"/> No policy <input type="checkbox"/> Informal policy <input type="checkbox"/> Developing policy <input type="checkbox"/> Formal policy <input type="checkbox"/> I do not know	

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

Designated Cultural Groups	Not At All	Barely	Fairly Well	Very Well	Is there supporting policy? <input type="checkbox"/> No policy <input type="checkbox"/> Informal policy <input type="checkbox"/> Developing policy <input type="checkbox"/> Formal policy <input type="checkbox"/> I do not know	

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

Designated Cultural Groups	Not At All	Barely	Fairly Well	Very Well	Is there supporting policy? <input type="checkbox"/> No policy <input type="checkbox"/> Informal policy <input type="checkbox"/> Developing policy <input type="checkbox"/> Formal policy <input type="checkbox"/> I do not know	



## Organizational Philosophy

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

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

Yes    No

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

Not At All    Sometimes    Fairly Often    Very Often

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

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

Not At All    Sometimes    Fairly Often    Very Often

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

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

Not At All    Sometimes    Fairly Often    Very Often

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

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

Not At All    Sometimes    Fairly Often    Very Often

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

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

Not At All    Sometimes    Fairly Often    Very Often

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

Organizational Philosophy Continued

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

Not At All     Sometimes     Fairly Often     Very Often

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

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

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

Is there policy that supports community and consumer participation?    No policy     Informal policy     Developing policy     Formal policy     I do not know

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

None     Some     Quite a Few     Many

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

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

None     Some     Quite a Few     Many

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

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal Involvement in Diverse Communities

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

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

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

*For questions 22–27*

**Is there policy that supports your participation within culturally diverse communities?**

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

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

- Not At All     Sometimes     Fairly Often     Very Often

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

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Resources and Linkages

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

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

Not At All     Sometimes     Fairly Often     Very Often

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

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

Not At All     Sometimes     Fairly Often     Very Often

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

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

Not At All     Sometimes     Fairly Often     Very Often

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

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

Not At All     Sometimes     Fairly Often     Very Often

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

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Human Resources

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

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

Designated Cultural Groups	None	Some	Quite a Few	Many	Is there supporting policy?
					<input type="checkbox"/> No policy
					<input type="checkbox"/> Informal policy
					<input type="checkbox"/> Developing policy
					<input type="checkbox"/> Formal policy
					<input type="checkbox"/> I do not know

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

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

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

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

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

- None     Some     Quite a Few     Many

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

Human Resources Continued

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

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

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

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

- None       Some       Quite a Few       Many

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

- None       Some       Quite a Few       Many

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

- None       Some       Quite a Few       Many

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

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

- None       Some       Quite a Few       Many

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

## Clinical Practice

The **Clinical Practice** subscale consists of eight items. It concerns the ability of the organization and its staff to adapt approaches to health care delivery based on cultural, and linguistic differences. It focuses on assessment/diagnosis, the provision of interpretation/translation services and use of community-based resources, and adaptation based on literacy and health literacy levels. Responses range from “never to regularly”. The existence of supporting policy can range from “no policy” to “formal policy”.

### 41. Do you use health assessment or diagnostic protocols that are adapted for culturally diverse groups?

Designated Cultural Groups	Never	Seldom	Sometimes	Regularly	Is there supporting policy?
					<input type="checkbox"/> No policy
					<input type="checkbox"/> Informal policy
					<input type="checkbox"/> Developing policy
					<input type="checkbox"/> Formal policy
					<input type="checkbox"/> I do not know

### 42. Do you use health promotion, disease prevention, and treatment protocols that are adapted for culturally diverse groups?

Designated Cultural Groups	Never	Seldom	Sometimes	Regularly	Is there supporting policy?
					<input type="checkbox"/> No policy
					<input type="checkbox"/> Informal policy
					<input type="checkbox"/> Developing policy
					<input type="checkbox"/> Formal policy
					<input type="checkbox"/> I do not know

### 43. Do you connect consumers to natural networks of support to assist with health *and* mental health care?

Never     Seldom     Sometimes     Regularly

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

### 44. Do you differentiate between racial and cultural identity when serving diverse consumers?

Never     Seldom     Sometimes     Regularly

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

**45. Does your agency inform consumers of their rights to language access services under Title VI of the Civil Rights Act of 1964—Prohibition Against National Origin Discrimination and as required by the CLAS Standards 4-7 Federal mandates for language access?**

Never       Seldom       Sometimes       Regularly

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

**46. Does your agency use either of the following personnel to provide interpretation services:**

**• certified medical interpreters?**

Never       Seldom       Sometimes       Regularly

**• trained medical interpreters?**

Never       Seldom       Sometimes       Regularly

**• sign language interpreters?**

Never       Seldom       Sometimes       Regularly

Is there policy for the provision of interpretation services for consumers with limited English Proficiency and those who are deaf or have hearing impairments?

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

**47. Does your agency:**

**• translate and use patient consent forms, educational materials and other information in other languages?**

Never       Seldom       Sometimes       Regularly

**• insure materials address the literacy needs of the consumer population?**

Never       Seldom       Sometimes       Regularly

**• assess the health literacy of consumers?**

Never       Seldom       Sometimes       Regularly

**• employ specific interventions based on the health literacy levels of consumers?**

Never       Seldom       Sometimes       Regularly

Is there policy that addresses translation services, literacy and health literacy?

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

**48. Does your agency evaluate the quality and effectiveness of interpretation and translation services it either contracts for or provides?**

Never       Seldom       Sometimes       Regularly

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

## Engagement of Diverse Communities

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

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

Designated Cultural Groups	Never	Seldom	Sometimes	Regularly	Is there supporting policy?
					<input type="checkbox"/> No policy
					<input type="checkbox"/> Informal policy
					<input type="checkbox"/> Developing policy
					<input type="checkbox"/> Formal policy
					<input type="checkbox"/> I do not know

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

Never       Seldom       Sometimes       Regularly

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

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

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



# CULTURAL AND LINGUISTIC COMPETENCE HEALTH PRACTITIONER

## RESPONDENT DEMOGRAPHIC INFORMATION

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

### A. Gender

1. Female
2. Male

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

#### Ethnicity

1. Hispanic
2. Non-Hispanic

#### Race

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

### C. Age

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

### D. List any languages you speak other than English:

\_\_\_\_\_

### E. Community Health Center Affiliation

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

### F. Years of involvement with the community health center?

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

### G. Most of my time is assigned to the following site:

*(This response is optional)*

\_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### K. With which group(s) do you feel most proficient?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### L. With which group(s) do you feel least proficient?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_