

ACHIEVING CULTURAL COMPETENCE THROUGH ORGANIZATIONAL SELF-ASSESSMENT

Editor's note: The following article is excerpted from *A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment* (Goode, Jones, & Mason, 2002), published by the National Center for Cultural Competence (NCCC) at Georgetown University. The full text for the guide is available on the internet at *www.georgetown.edu/research/gucdc/nccc/*.

Health and human service organizations are recognizing the need to enhance services for culturally and linguistically diverse populations. Assessing organizational policies and structures—as well as the attitudes and practices of administrators and service providers—is a necessary, effective, and systematic way to plan for and incorporate cultural competence within an organization. Determining the needs, preferences and satisfaction of family members is another essential aspect of this process.

The National Center for Cultural Competence (NCCC) at Georgetown University supports the concept that cultural competence is a developmental process that evolves over an extended period. The ability to engage in self-assessment is one attribute of a culturally competent organization (Cross, Bazron, Dennis, & Isaacs, 1989). Conducting periodic self-assessment promotes awareness, knowledge, and skill acquisition that leads individuals and organizations to higher levels along the cultural competence continuum (Cross, et al.). The selfassessment process can lead to the development of a strategic organizational plan with clearly defined shortterm and long-term goals, measurable objectives, identified fiscal and personnel resources, and enhanced consumer and community partnerships. Self-assessment can also serve as a vehicle to measure outcomes for personnel, organizations, population groups, and the community at large. The NCCC views self-assessment as an ongoing process, not a onetime occurrence. Various self-assessment measures can capture information at one point in time, providing the organization with a "snapshot" of how things currently stand. With repeated use of such measures, organizations and their personnel

have the opportunity to assess individual and collective progress over time.

The NCCC uses a set of values and principles to guide all of its self-assessment activities including the development of knowledge and products, dissemination, and the provision of technical assistance and consultation. The principles are as follows (greater detail for each of these values can be found in the full text version of this article):

• Self-assessment is a strengths-based model.

• A safe and nonjudgmental environment is essential to the self-assessment process.

• A fundamental aspect of self-assessment is the assurance of meaningful involvement of consumers, community stakeholders, and key constituency groups.

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

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

Useful Steps for Planning and Implementing Self-Assessment

The process of self-assessment is as important as the outcome. The NCCC has found the following steps to be very beneficial to the self-assessment processes it has conducted.

Cultivating Leadership. Leadership roles in the self-assessment process should be filled by people representing all strata of an organization. These leaders must then be empowered to have meaningful input into decision-making relative to the self-assessment process.

Getting "Buy-In." Establish a shared vision that conveys the importance of the self-assessment process to the overall organization, its personnel, and the families and communities served. Doing so provides an important benefit to the self-assessment process: the formation of a coalition of stakeholders who are informed, and who are

Regional Research Institute for Human Services, Portland State University. This article and others can be found at <u>www.rtc.pdx.edu</u> For reprints or permission to reproduce articles at no charge, please contact the publications coordinator at 503.725.4175; fax at 503.725.4180 or e-mail rtcpubs@pdx.edu

prepared to effect and sustain the envisioned improvements.

Building Community Partnerships. A major principle of cultural competence involves working in conjunction with natural and informal support and helping networks within diverse communities (Cross et al., 1989). From the inception of the self-assessment process, include community partners and key stakeholders in meaningful ways. It is important to recognize that individuals and groups will choose different levels of involvement and ways to participate. Examples of this range include serving on task forces or workgroups, participating in focus groups, making in kind or financial contributions, subcontracting for specific services, or providing meeting facilities and other accommodations. It is essential to demonstrate that the contributions of each community partner are valued and respected.

Structuring Support for the Process. Convene a committee, work group, or task force that will assume responsibility for the self-assessment process. The group should have representation from policymaking bodies, administration, service delivery providers, consumers and other community stakeholders. It should also reflect the diversity of the organization and the community at large. This group is the primary entity for planning and implementing the self-assessment process, and should have ready access to decision makers or have the ability to make decisions.

Allocating Personnel and Fiscal Resources. Conducting a self-assessment process is resource intensive, and it requires a dedicated budget. The process also makes significant demands on organizational personnel. Their responsibilities and time commitment should be clearly delineated, and their workload or duties may need to be deferred or reassigned. Similarly, the organization can support community partners and key stakeholders during their participation in the process by providing stipends or honoraria and reimbursement for travel, childcare, and/or other expenses.

Managing Logistics. The ability to effectively coordinate numerous logistical tasks is vital to the selfassessment process. The task force or workgroup needs to ensure sufficient time is available to plan and prepare. The workgroup must also focus on developing a calendar and schedule of activities, and must disseminate information to workgroup members and other stakeholders in a timely manner. Analyzing and Disseminating Data. The self-assessment process values the active involvement of all stakeholders in the collection, analysis, interpretation, presentation, and dissemination of data. This approach is commensurate with culturally competent and participatory action designs in research and evaluation (Brandt, et al., 1999; Caldwell, Tucker, Jackson & Bowman, 1999; Goode & Harrison, 2000).

Taking the Next Steps. The self-assessment process can yield a wealth of information about organizational strengths and areas for growth. Careful consideration should be given to

• establishing organizational priorities,

• developing a strategic plan with goals and objectives to sustain strengths and address growth areas,

• allocating necessary resources to accomplish strategic plan goals,

• sustaining and maintaining partnerships with community stakeholders, and

• incorporating self-assessment results into the state block grant planning and development process.

The self-assessment process may lead to changes in organizational mission, policies, structures and procedures; staffing patterns; position descriptions and personnel performance measures; delivery of service and supports; outreach and dissemination approaches; composition of advisory boards and committees; professional development and inservice training activities;



and management and information and telecommunication systems. Achieving cultural competence is a long-term commitment. Remember that it is accomplished one step at a time.

References

- Brandt, J, Ishida, D., Itano, J., KagawaSinger, M., Palos, G., Phillips, F., et al. (1999). Oncology nursing society multicultural outcomes: Guidelines for cultural competence. Pittsburgh: The Oncology Press.
- Caldwell, C., Jackson, K., Tucker, B., & Bowman, P. (1999). Culturally competent research methods in

Regional Research Institute for Human Services, Portland State University. This article and others can be found at <u>www.rtc.pdx.edu</u> For reprints or permission to reproduce articles at no charge, please contact the publications coordinator at 503.725.4175; fax at 503.725.4180 or e-mail rtcpubs@pdx.edu

African American communities: An update. In R.L. Jones (Ed.), *Advances in African American psychology: Theory, paradigm methodology, and reviews* (pp 101-127). Hampton, VA: Cobb and Henry Publishers.

- Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care: Volume 1.* Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- Goode, T., Jones, W., & Mason, J. (2002). A guide to planning and implementing cultural competence organization self-assessment. Washington, D. C.: National Center for Cultural Competence, Georgetown University Child Development Center.
- Goode, T. & Harrison, S. (2000). Policy brief 3: Cultural competence in primary health care: Partnerships for a

research agenda. Washington, DC: Georgetown University Child Development Center.

The National Center for Cultural Competence

(NCCC) is affiliated with the Georgetown University Center for Child and Human Development. The mission of the NCCC is to increase the capacity of health care and mental health programs to design, implement and evaluate culturally and linguistically competent service delivery systems. The NCCC conducts an array of activities to fulfill its mission including: (1) training, technical assistance and consultation; (2) networking, linkages and information exchange; and (3) knowledge and product development and dissemination. Get further information via telephone, 800-788-2066; email, cultural@georgetown.edu; or http://gucdc.georgetown.edu/nccc.

Regional Research Institute for Human Services, Portland State University. This article and others can be found at <u>www.rtc.pdx.edu</u> For reprints or permission to reproduce articles at no charge, please contact the publications coordinator at 503.725.4175; fax at 503.725.4180 or e-mail rtcpubs@pdx.edu