



## Mission

The mission of the National Center for Cultural Competence (NCCC) is to increase the capacity of health care and mental health care programs to design, implement, and evaluate culturally and linguistically competent service delivery systems to address growing diversity, persistent disparities, and to promote health and mental health equity.

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 National Center for Cultural Competence, 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.

## Linguistic Competence

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 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).

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