



National Center for
Cultural Competence
Georgetown University Center for
Child and Human Development

Research

Cultural and Linguistic Competence Checklist for MCH Training Programs

Overview and Purpose

The Health Resources and Services Administration (HRSA) Maternal and Child Health (MCH) Training Program funds public and private nonprofit institutions of higher learning that provide training and education to those working in maternal and child health professions. A major objective of the MCH Training Program is to *support trainees, faculty, continuing education, and technical assistance to train the next generation of leaders in maternal and child health*. The MCH Training Program places emphasis on interdisciplinary, family-centered, culturally competent care with a population-focused, public health approach.¹

In support of this objective, the National Center for Cultural Competence (NCCC), with input from an expert MCH faculty work group, developed a set of checklists to assess cultural and linguistic competence within the MCH Training Program. Each checklist addresses a different aspect of the infrastructure, function, policy, and practice of training programs. The checklists are not designed to measure the cultural and linguistic competence of a given program; rather they provide a structure for discussion and self-examination to facilitate programmatic and organizational change. The themes for each checklist were chosen with input from the expert work group and include the following:

- Climate of the Learning Environment
- Curriculum
- Experiential Learning
- Research
- Community Engagement and Collaboration

Why Integrate Cultural and Linguistic Competency in Research?

There are numerous reasons to integrate cultural and linguistic competency in research. Two reasons of great importance to MCH training programs include evidence that cultural and linguistic competence: (a) improves access, utilization, and quality of care; and (b) is an effective approach in reducing health care disparities among diverse populations.² Applying culturally and linguistically competent approaches in research is consistent with the federal Maternal and Child Health Bureau's efforts "to sustain research that finds better, more efficient ways to provide maternal and child health services, especially preventive care and early intervention."³ Other reasons include, but are not limited to the following:

1. Cultural and linguistic competence is necessary to mitigate long-standing research priorities and methodologies used in institutions of higher education that have resulted in underrepresentation of diverse racial and ethnic groups relative to their proportion of the population and their disease burden.⁴⁻⁵
2. There is a growing movement by federal agencies, including the National Institutes of Health, to address the underrepresentation of diverse racial and ethnic groups in large scale studies.⁶

3. Cultural and linguistic competence is an essential approach to address the history of mistrust of research among culturally diverse populations and within many communities of color. Through its Public Trust Initiative, the National Institutes of Health acknowledged the need to increase the public's trust in research, including a special commitment to underserved populations and communities including racially, ethnically, and culturally diverse groups and those who have special needs.⁶
4. There is a need to document cultural variations in response to health promotion, treatment, and other health and mental health interventions among diverse populations.
5. There are gaps in the extant body of knowledge on the efficacy of culturally and linguistically competent health and mental health care.
6. Research will prove more valuable if the culturally diverse populations that are studied have an investment and are active participants in all aspects and phases of the research process.⁷

The reasons presented in this publication offer a compelling need for MCH training programs to integrate cultural and linguistic competence into research. MCH faculty have a responsibility to prepare future leaders to:

- conduct research using culturally and linguistically competent approaches;
- be knowledgeable and discerning consumers of research and evidence-based practices;
- use research to inform policy and program development, implementation, and evaluation; and
- use research findings to advocate with and on behalf of underserved and marginalized communities to reduce health and mental health disparities.

Definitions and Key Concepts

Cultural Competence: Cultural competence requires that organizations:

- have a congruent, defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to 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 communities they serve; and

- incorporate the above into all aspects of policymaking, administration, practice, and service delivery and systematically involve consumers, key stakeholders, and communities.

Cultural competence is a developmental process that evolves over an extended period of time. Individuals, organizations, and systems are at various levels of awareness, knowledge and skills along the cultural competence continuum.⁸

Cultural Diversity: The term *cultural diversity* is used to describe differences in ethnic or racial classification and self-identification, tribal or clan affiliation, nationality, language, age, gender, sexual orientation, gender identity or expression, socioeconomic status, education, religion, spirituality, physical and intellectual abilities, personal appearance, and other factors that distinguish one group or individual from another.⁹

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.¹⁰

Health Disparity: 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.¹¹

Checklist to Facilitate the Integration of Cultural and Linguistic Competency in Research Conducted by MCH Training Programs

Our training program's faculty and staff:

- 1. Demonstrate knowledge of special issues associated with conducting research in diverse communities including:**
 - a) Historical experiences of diverse racial and ethnic groups in research.
 - b) Power differentials between universities and research institutions and vulnerable and marginalized communities.
 - c) Measures and instruments that are appropriate for the racial, ethnic, and cultural groups that are included in the study.
 - d) Recognition of between and within-group differences when recruiting culturally diverse populations.
 - e) Unique ethical issues and considerations (e.g. ensuring informed consent, addressing literacy and health literacy, engagement/outreach approaches appropriate for diverse groups and communities, risks and benefits associated with monetary incentives for participation, and stigma of being a research subject).
 - f) Best practices for research partnerships between universities and research institutions and communities.

- 2. Have knowledge and skills to use culturally and linguistically competent approaches in all aspects of research including:**
 - a) Formulating the question
 - b) Design
 - c) Theory development
 - d) Sampling
 - e) Outreach and recruitment of subjects
 - f) Instrumentation
 - g) Data collection
 - h) Analysis
 - i) Dissemination

- 3. Critically review current research and evidence to:**
 - a) determine their applicability and relevance for specific populations.
 - b) determine their limitations due to under-representation of culturally and linguistically diverse subjects.
 - c) ascertain if methods and measures are culturally and linguistically appropriate for the population(s) studied.
 - d) discern if community participatory principles and methods were utilized.
 - e) determine if findings are reported in a way that stigmatizes specific cultural communities or groups.

Checklist to Facilitate the Integration of Cultural and Linguistic Competency in Research Conducted by MCH Training Programs

Our training program's faculty and staff:

- 4. Encourage and support student research interests in an array of areas related to:**
 - a) cultural and linguistic competence
 - b) health and health care disparities
 - c) health equity or inequity
 - d) specific racial, ethnic, or cultural populations
 - e) Limited English Proficiency (LEP)
 - f) health literacy
 - g) bias and discrimination in health and/or mental health care

- 5. Seek supervision outside of our program, department, or university for students who are interested in conducting research in areas where our faculty does not have the necessary expertise to mentor them (e.g. ethnic- or culture-specific populations, health disparities, LEP populations, groups that self-identify as Lesbian, Gay, Bisexual, Transgender, & Questioning LGBTQ).**

- 6. Engage community members to partner in community-based participatory research to:**
 - a) identify areas of inquiry important and meaningful to them.
 - b) know the community perception about our institution and its current and historical research activities.
 - c) provide training, technical assistance, accommodations, and other supports that enable them to participate in research effectively.
 - d) ensure reciprocity (e.g. sub-contracts, employment, joint publications, collaborative conference/symposia presentations,).

- 7. Disseminate research findings in:**
 - a) a manner that does not stigmatize group(s) and population(s) studied.
 - b) venues and formats that are easily understood by and accessible to the population(s) studied.
 - c) languages other than English.

- 8. Engage in self-assessment on a periodic basis to:**
 - a) assess faculty and staff capacity to conduct and supervise research in such areas as cultural and linguistic competence, health and health care disparities, culture-specific populations, and Limited English Proficiency.
 - b) examine personal and programmatic biases that may influence research topics, subjects and approaches.
 - c) examine the types and number of studies in our research portfolio that focus on key issues of relevance to culturally and linguistically diverse populations.

- 9. Receive departmental support and are recognized through awards, tenure, and promotion for their research that addresses cultural and linguistic competence, health disparities, and related areas.**

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Suggested Citation

Goode, T., & Bronheim, S. (2010). *Research—Cultural and Linguistic Competence Checklist for MCH Training Programs*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

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Funding for this Project

This checklist was developed with funding from Cooperative Agreement # U40MC00145, U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB), Division of Research, Training, and Education (DRTE). Denise Sofka is the MCHB-DRTE project officer for the NCCC.

Acknowledgements

The NCCC is grateful for the expertise and enthusiasm of members of the MCH faculty work group who contributed to this set of checklists.

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About the National Center for Cultural Competence



The National Center for Cultural Competence (NCCC) provides national leadership and contributes to the body of knowledge on cultural and linguistic competency 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 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, creates tools and resources to support health and mental health care providers and systems, supports leaders to promote and sustain cultural and linguistic competency, 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 and advocacy support organizations, local hospitals and health centers, healthcare systems, health plans, mental health systems, universities, quality improvement organizations, national professional associations, and foundations.

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