Transition
Cultural and Linguistic Competence Checklist for Medical Home Teams

Overview and Purpose

Culture defines the values, beliefs, and practices surrounding when and how youth transition to adulthood. The United States, its territories, and tribal communities embrace myriad rituals that prepare and celebrate the pathway from adolescence to adulthood. Some of these rituals are legally defined, when one can vote, enter military service, or get married. Some are religiously or spiritually defined such as *Bat Mitzvah* or *Bar Mitzvah* and *Confirmation*, which mark the onset of religious acceptance and responsibility. And some have their roots in other culture-specific traditions, such as: (1) Rites of Passage—celebrated by some African American families and communities to mark the journey toward adulthood; and (2) *Quinceañera*—a 15th birthday symbolic of budding womanhood celebrated by many people of Hispanic/Latino ancestry, including those who reside in the United States. Culture also defines the beliefs and practices surrounding transition for youth with disabilities and special health care needs as they progress from one stage to another in their lifecycle. Culture influences the beliefs and practices of families and youth about transition within the contexts of health care, employment, postsecondary education, and independent living.[1]

This checklist is not intended to measure the cultural and linguistic competence of any given medical home team. Rather, it is designed to provide a structure for discussion and self-examination. It is also designed to facilitate the programmatic and organizational change necessary to respond effectively to culturally defined beliefs, practices, and preferences and the inherent issues they raise in the provision of health care and related services for youth and their families.

Definitions & Key Concepts

Culture is an integrated pattern of human behavior that 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 given social group whose members are uniquely identifiable by that pattern of human behavior.[2]

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.[3]

Cultural Diversity is a term 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.[4]

Cultural Identity refers to a person's conscious decision to identify with a particular group or groups; a person's identification with and perceived acceptance into a group that has a shared system of symbols and meanings as well as norms for conduct.[5]

Linguistic Competence: The capacity of an organization and its personnel is to communicate effectively and to 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.[6]

Six Core Elements of Health Care Transition 2.0
The following elements have been defined as essential to health care transition:
- Transition policy,
- Transition tracking and monitoring,
- Transition readiness,
- Transfer of care,
- Transition planning, and
- Transition completion.[7]

Policy is defined for the purposes of this checklist as a high-level overall plan embracing the philosophy, general goals, and acceptable procedures within an organization. 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.[8]

The following checklist uses the conceptual frameworks of both cultural competence and linguistic competence and reflects the Six Core Elements of Health Care Transition 2.0.

Guiding Values & Principles

Our practice team has discussed and reached consensus on the following guiding values and principles.

☐ 1. Culture and cultural identity must be considered and addressed in health care and supportive services provided to *all* transition-age youth and their families.

☐ 2. The cultural identities, beliefs, and preferences of youth may or may not be the same as their families and must be considered in the design and implementation of transition services and supports.

☐ 3. Belief systems held by some cultural groups integrate physical, emotional, and spiritual well-being and hold that all three are necessary for overall health and well-being, including transition from pediatric to adult care.

☐ 4. Transition services and supports may need to be delivered in the first language or language of preference of youth and their families to be effective.

☐ 5. Family-centered care and cultural and linguistic competence are integrally linked—all are necessary in transition services ("can't have one without the other").

Is there supporting policy for 1-5?
☐ No Policy   ☐ Informal Policy   ☐ Developing Policy   ☐ Formal Policy   ☐ I Do Not Know

Policies

Our pediatric, internal, or family medicine practice has written policy that:

☐ 1. Describes its approach to transition services and supports that is responsive to the cultural and linguistic diversity of the patient population served.

☐ 2. Requires professional development and/or in-service training for all staff on cultural and linguistic competence in general and its role in transition services in particular (e.g., physicians, nurses, office managers, parent partners, administrative/front desk staff).

☐ 3. Includes a process for eliciting youth and family voice in planning and implementing transition services and supports.

☐ 4. Addresses cultural and linguistic competence in assessing patient satisfaction with transition services (e.g., surveys, interviews, questionnaires, focus groups).

☐ 5. Adheres to federal and state mandates governing language access services for individuals with limited English proficiency.

Structures

Our practice team has existing structures in place to:

☐ 1. Provide orientation training for new staff, and ongoing professional development/inservice training on cultural and linguistic competence and its role in transition service (e.g., tuition assistance, CME/CEU, or conference reimbursement).

☐ 2. Share knowledge and experiences about cultural practices, traditions, and norms related to health and mental health care for transition-age youth and their families.

☐ 3. Provide the perspectives of diverse youth and their families to guide planning and implementation of transition services and supports (e.g., advisory group).

☐ 4. Record data on race, ethnicity, primary language or languages spoken, sexual orientation, gender identity or expression, health literacy, and need for interpretation services (languages other than English) through our electronic medical record.

☐ 5. Administer patient satisfaction instruments and protocols specifically designed for transition services which include items that query the cultural and linguistic competence of such services.

☐ 6. Identify community resources which are culturally and linguistically appropriate that support the transition needs and preferences of youth and their families.

☐ 7. Ensure language access through a written plan and dedicated resources for those pediatric and family medicine practices that receive federal financial assistance (e.g., Medicaid, State Children's Health Insurance Program).

Is there supporting policy for 1-7?
☐ No Policy   ☐ Informal Policy   ☐ Developing Policy   ☐ Formal Policy   ☐ I Do Not Know

Practices

Our practice team:

☐ 1. Conducts an assessment of the extent to which culturally and linguistically competent practices are integrated into the Six Core Elements of Health Care Transition 2.0 within our practice.

☐ 2. Uses assessment results to plan and implement adaptations to transition services, materials, and resources based on the culturally defined preferences and needs of youth and their families.

☐ 3. Partners with community-based agencies and programs (including ethnic-specific or advocacy organizations) to offer transition-related supports.

☐ 4. Provides opportunities for ongoing professional development and in-service training on culturally and linguistically competent approaches in transition services.

☐ 5. Prepares and supports all staff to communicate and interact effectively with each other and with the staff of other organizations concerned with health, social services, and education.

☐ 6. Prepares and supports all staff to communicate and interact effectively with youth and their families who are from cultures and/or speak languages different from their own.

☐ 7. Offers language assistance (through signage and verbal communication) to patients and their families who may require interpretation and translation services.

☐ 8. Provides accommodations in accordance with applicable federal and state statutes governing services to individuals who are deaf and others who have disabilities (e.g., sign language interpretation, braille, large print, and assistive technologies).

Is there supporting policy for 1-8?
☐ No Policy   ☐ Informal Policy   ☐ Developing Policy   ☐ Formal Policy   ☐ I Do Not Know

Behaviors

Our practice team:

☐ 1. Reflects upon their own cultural belief systems and how they influence interactions with transition-age youth and their families.

☐ 2. Supports all staff in acquiring community knowledge to enhance transition services to youth and their families.

☐ 3. Recognizes achievement of professional development goals related to cultural and linguistic competence in transition services (e.g., staff performance evaluations, special recognition awards, merit pay or bonuses).

Is there supporting policy for 2-3?
☐ No Policy   ☐ Informal Policy   ☐ Developing Policy   ☐ Formal Policy   ☐ I Do Not Know

Attitudes

Our practice team:

☐ 1. Accepts that culture influences how transition services are designed, delivered, and accepted from the perspectives of youth, families, and staff.

☐ 2. Recognizes and accepts differences in health beliefs, family roles and responsibilities, and expectations of the practice staff during transition.

☐ 3. Is sensitive to the unique issues for youth with emotional/behavioral concerns and their families during the transition process.

Our practice team:

☐ 4. Recognizes that acquiring knowledge about the cultural beliefs and practices related to transition is an ongoing rather than a discreet process.

☐ 5. Ensures that diverse perspectives from youth and families about transition services are actively solicited, welcomed, and respected.

References

[1]Goode, T. (2013). Transition through a cultural lens. In A. Antosh (Ed.), *A collaborative interagency, interdisciplinary approach to transition from adolescence to adulthood*. Silver Spring, MD: Association of University Centers on Disabilities.

[2]Gilbert, J., Goode, T. D., & Dunne, C. (2007). *Cultural awareness. The Curricula Enhancement Module Series*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development. Retrieved June 18, 2014, from http://www.nccccurricula.info/modules.html

[3]National Center for Cultural Competence. Cultural competence: Definition and conceptual framework. Retrieved on December 12, 2015, from http://nccc.georgetown.edu/foundations/frameworks.html

[4]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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[7]Six Core Elements of Health Care Transition 2.0 (2014). Got Transition™ Center for Health Care Transition Improvement. Retrieved on June 24, 2014, from http://www.gottransition.org/news/index.cfm

[8]Goode, T., Brown, M., Mason, J., & Sockalingam, S. (2006). *A guide for using the cultural and linguistic competence policy assessment instrument*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

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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 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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