The Organizational Journey toward Cultural and Linguistic Competency: Part Two

In our first installment in this series (see IMPACT, Spring, 2012), we reviewed the importance of accurately understanding the diverse populations we are serving or could be serving. A second element in the delivery of culturally and linguistically competent care is the creation of a diverse workforce—a continuous process that requires effective recruitment and retention, ongoing training, and accountability. Three Network-affiliated centers reported recently on their strategies for achieving these workforce goals.

Attracting and Keeping the Right Staff

At the Community Wellness Department of Native American Health Center, based in Oakland, CA, recruiting Native American providers is a challenge, said Project Director Janet King, MSW. “We have the legal right to exercise Native preference in hiring,” she explained, “but we don’t always have Native people applying for open positions. In addition, most institutions do not have curricula that train people about Native American history and how that history manifests in mental health issues. It is incumbent upon Native agencies to provide that training to non-Natives.” To advertise open positions, Native American Health Center maintains outreach to college campuses; uses Native American listserves; and attends conferences such as the Society of Indian Psychologists annual retreat. As majority agencies attempt to diversify their staffs, the competition for bilingual and trilingual providers has intensified, observed Victor Griffiths, Clinical Director, Latin American Health Institute in Boston. Griffiths said that the institute attracts bilingual and bicultural staff members by inviting candidates to speak with current staff during the interview process, and by offering referral bonuses to staff if a new hire completes the three-month introductory period. Children’s Institute, Inc., in Los Angeles, has been able to recruit bilingual providers from its doctoral and MSW internship programs run in partnership with the University of Southern California, said Leslie Ann Ross, PsyD, Vice President of the institute’s Leadership Center. Both Latin American Health Institute and Children’s Institute use pay differentials for clinicians who can provide services in a second language. Children’s Institute offers increased pay for bilingual interns as well. Underwriting professional development often serves the double purpose of increasing staff competency levels while rewarding individuals for their efforts. Latin American Health Institute offers ongoing trainings for its staff and allows $500 per member to attend yearly specialized trainings.

Cross-Cultural Awareness

Simply hiring bilingual and bicultural staff may not adequately address the wide range of cultural traditions within an ethnic group. Ross noted, for example, that Children’s Institute has identified at least 15 different Latino populations served by the agency’s seven major campuses; some populations speak indigenous
dialects. Clients at Native American Health Center have identified themselves as members of more than 100 different Native American tribes, each with their own cultural traditions. No matter how diverse an agency’s staff, all members must learn about their clients’ cultural heritage, health and family belief systems, and experiences related to trauma. King said that Native American Health Center has instituted orientation for new hires that introduces them to the history of Native Americans, including federal policies that have affected Native American health and well-being. Griffiths reported that Latin American Health Institute has mandatory staff-wide yearly training on intercultural communication, which includes review of the agency’s policy on culturally competent services.

**Ensuring Accountability and Rewarding Improvements**

Supervisors should be alert to gaps in care when practitioners do not seem as culturally appropriate as they should be, and help service users work through biases. Griffiths said he is a proponent of using assessment tools to gauge cultural competency at both the individual and organizational levels. Three he recommended are those developed by Sue and Sue (2008) and by Cross and coworkers (1999) (see References).

During clinical team meetings at Native American Health Center, Interns as well as established staff members are empowered to contribute their voices to discussions of cases. “Everyone has a knowledge base,” said King, “and we’re trying to empower people to offer their wisdom on how to direct the best care for people.”

Cultural competency is sustained through programmatic efforts such as these, but competency is rarely a static state. Job descriptions, performance evaluations, honors and awards, and coaching can all help reinforce the importance of cultural and linguistic competency. In Griffith’s view, both agencies and providers must remember that “cultural competency is more aspirational than achieved.”

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**References**

