

**Health Resources and Services Administration
Office of Federal Assistance Management
Division of Grants Policy**

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CULTURAL AND LINGUISTIC COMPETENCE AND HEALTH LITERACY

In order to fully integrate cultural and linguistic competence and health literacy factors into HRSA funding opportunity announcements (FOA), new template language has been developed and a performance measure recommended. This language should receive careful consideration whenever program FOAs are being developed.

A. BACKGROUND AND DEFINITIONS

The Health Resources and Services Administration (HRSA) vision is “Healthy Communities, Healthy People.” In addition, the HRSA mission statement is “To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.” This is the framework that supports a health care system that assures access to comprehensive, culturally competent, quality care.

‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, et. al, 1989; cited from DHHS Office of Minority Health) For more information go to <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=3>.

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served.

HRSA defines cultural competence as a set of congruent behaviors, attitudes, and policies integrated in a system, agency, or among professionals to enable that

system, agency, or those professionals to work effectively in cross-cultural and linguistically diverse situations. Healthcare providers, as well as institutions that train healthcare workers, funded through HRSA grants and cooperative agreements should be aware of cross-cultural and language-appropriate communications, as well as general health literacy issues. HRSA continues to support and promote a unified health communication perspective that addresses cultural competency, limited English proficiency, and health literacy for HRSA-funded providers and staff to deliver quality health care to diverse populations

Linguistic competence is 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, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policies, structures, practices, procedures, and dedicated resources to support this capacity.¹

Cultural and linguistic competency is a process that occurs along a developmental continuum. A culturally and linguistically competent program is characterized by elements including the following: written strategies for advancing cultural competence; cultural and linguistic competency policies and practices; cultural and linguistic competence knowledge and skills building efforts; research data on populations served according to racial, ethnic, and linguistic groupings; participation of community and family members of diverse cultures in all aspects of the program; faculty and other instructors are racially and ethnically diverse; faculty and staff participate in professional development activities related to cultural and linguistic competence; and periodic assessment of trainees' progress in developing cultural and linguistic competence.

The Patient Protection and Affordable Care Act defines health literacy as “the degree to which an individual has the capacity to obtain, communicate, process, and understand health information and services in order to make appropriate health decisions.” (Title V—Health Care Workforce, Subtitle A—Purpose and Definitions.)

For additional online resources on health literacy please see the following:

- Cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>
- [Health Literacy Universal Precautions Toolkit](#) Agency for Health Care Quality and Research
- [Simply Put: A Guide for Creating Easy-to-Understand Materials](#)

¹ Goode, T. and W. Jones, 2004. National Center for Cultural Competence; <http://www.ncccurrricula.info/linguisticcompetence.html>

- [Clear Communication: An NIH Health Literacy Initiative](#) National Institutes of Health
- [Plain Language.gov -- Improving Communication from the Federal Government to the Public](#)
- [Health Literacy Online Guide](#) U.S. Department of Health and Human Services
- [Health Literacy for Public Health Professionals](#) Centers for Disease Control and Prevention

B. POLICY

HRSA Bureaus/Offices currently include special language regarding cultural competence, limited English proficiency and health literacy in many FOAs, as appropriate. However, broader application of these principles in future FOAs, particularly for health services, education, and training programs is recommended. To that end, the Office of Health Equity, in consultation with the HRSA Culture, Language and Health Literacy Committee, developed template language for use in FOAs.

The suggested language contained in Section C below may vary by Bureau/Office and by grant and cooperative agreement program; therefore, it is not appropriate to require that the language be included verbatim in all FOAs. However, it is expected that all Bureaus/Offices will review the language carefully for items that may be appropriate for inclusion in individual FOAs. It is recommended that applicants address culture, language and health literacy in response to requirements throughout the application, and subsequently reflected in the review criteria, as appropriate.

HRSA Bureaus/Offices are also encouraged to incorporate the Performance Measure and Data Collection Checklist (or a modified version of it) contained in Section D in their FOAs either as a stand-alone or integrated measure.

C. CULTURAL AND LINGUISTIC LANGUAGE FOR FOA TEMPLATES

HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information and materials delivered by competent providers in a manner that factors in the language needs, health literacy, cultural richness, and diversity of the populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care published by the U.S. Department of Health and Human Services (<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>). As

appropriate, bureaus and offices should include the following language in the subsequent sections of their funding opportunity announcements:

- In Section IV. v. *Budget Justification* within the cost category of “Other”: Applicants may include the cost of access accommodations as part of their project’s budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.
- In Section IV. vi. *Staffing Plan and Personnel Requirements*: When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.
- In Section IV. x. *Program Narrative* under “Needs Assessment”: Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet.
- In Section IV. x. *Program Narrative* under “Methodology”: As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds, if applicable.
- In Section IV. x. *Program Narrative* under “Work Plan”: As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.
- In Section IV. x. *Program Narrative* under “Evaluation and Technical Support Capacity”: As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.
- In Section IV. x. *Program Narrative* under “Organizational Information”: Provide information on the program’s resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

As appropriate, additional application requirements could include the following:

- In Section IV. x. *Program Narrative* under “Methodology”:
Identify programs that (1) improve medication adherence of patients, and (2) improve patient understanding regarding health conditions and (3) improve the ability of the patient to manage their condition.

Summarize specific training, and/or learning experiences to foster knowledge and appreciation of how culture and language influence health literacy, patient safety, and access to high quality, effective, and predictably safe healthcare services and provide a training plan to increase self-awareness of cultural, language and health literacy issues that may engage individuals, families, and communities from diverse backgrounds in self-managing their health care.

- In Section IV. x. *Program Narrative* under “Organizational Information”:
Describe the program’s or institution’s strategic plan, policies, and initiatives that demonstrate a commitment in providing competent health care and developing health literate, culturally and linguistically competent health care providers, faculty, staff, and program participants. This includes participation in, and support of programs that focus on: 1) familiarity with the culture and literacy level of the particular target groups; 2) cross-cultural health communication approaches as strategies to educate health care providers, who serve diverse patients, families, and communities.

Describe the program’s or institution’s past performance in recruiting and retaining health care providers, faculty, staff and students who have demonstrated experience serving the particular ethno-cultural and linguistic populations residing in the proposed service area.

D. CULTURAL AND LINGUISTIC COMPETENCE AND HEALTH LITERACY PERFORMANCE MEASURES

Performance measures have been helpful for HRSA project officers to assess each grantee. In addition, the tool that follows has proven useful for grantees’ self-assessment. This tool can also offer insights into technical assistance challenges and opportunities. HRSA Bureaus/Offices are strongly encouraged to incorporate this performance measure or a modified version of this measure into their funding opportunity announcements either as a stand-alone or integrated measure.

Using a scale of 0-3, the grantee may use the Data Collection Checklist to assess if the following cultural/linguistic competence and health literacy elements have been incorporated into their policies, guidelines, contracts and training. Each HRSA program may add data sources and year of data used for scoring to provide a rationale for determining a score, and/or applicability of elements to a specific program.

The following is a modified version of a performance measure that has been used in the Maternal and Child Health Bureau.²

GOAL	To increase the number of HRSA-funded programs that have integrated cultural and linguistic competence and health literacy into their policies, guidelines, contracts and training.
MEASURE	The degree to which HRSA-funded programs have incorporated cultural and linguistic competence and health literacy elements into their policies, guidelines, contracts and training.
DATA SOURCE(S) AND ISSUES	The attached data collection form is to be completed by grantees. Currently, there are no existing national data sources to measure the extent to which HRSA supported programs have incorporated cultural and linguistic competency and health literacy elements into their policies, guidelines, contracts and training.
SIGNIFICANCE	Over the last decade, researchers and policymakers have emphasized the central influence of cultural values and cultural/linguistic and health literacy barriers: health seeking behavior, access to care, and racial and ethnic disparities. In accordance with these concerns, cultural competence objectives have been: incorporated into the HRSA strategic plan, funding opportunity announcements, and, wherever appropriate, reporting requirements.

² This checklist is provided for informational purposes only.

DATA COLLECTION CHECKLIST

Using a scale of 0-3, please rate the degree to which your grant or cooperative agreement funded program has incorporated the following cultural/linguistic competency and health literacy elements into your policies, guidelines, contracts and training.

Please use the space provided for notes to describe activities related to each element, detail data sources and year of data used to develop score, clarify any reasons for score, and/or explain the applicability of elements to program.

0	1	2	3	Element
				1. Strategies for advancing cultural and linguistic competency and health literacy are integrated into your program's written plan(s) (e.g., grant application, recruiting plan, placement procedures, monitoring and evaluation plan, human resources, formal agreements, etc.).
				2. There are structures, resources, and practices within your program to advance and sustain cultural and linguistic competency and health literacy.
				3. Cultural and linguistic competency and health literacy knowledge and skills building are included in training aspects of your program.
				4. Research or program information gathering includes the collection and analysis of granular data on populations served according to racial, ethnic, linguistic and health literacy groupings, where appropriate.
				5. Community/family members/students from diverse cultural groups are partners in planning your program.
				6. Community/family members/students from diverse cultural groups are partners in the delivery of your program.
				7. Community/family members/students from diverse cultural groups are partners in evaluation of your educational program.
				8. Staff and faculty reflect cultural and linguistic diversity of the significant populations served.
				9. Staff and faculty participate in professional development activities to promote their cultural, linguistic and health literacy (clear language) competence.
				10. A process is in place to assess the progress of your program participants/students in developing cultural, linguistic and health literacy competence.

- 0 = Not Met
- 1 = Partially Met
- 2 = Mostly Met
- 3 = Completely Met

Total the numbers in the boxes (possible 0-30 score) _____

NOTES/COMMENTS: