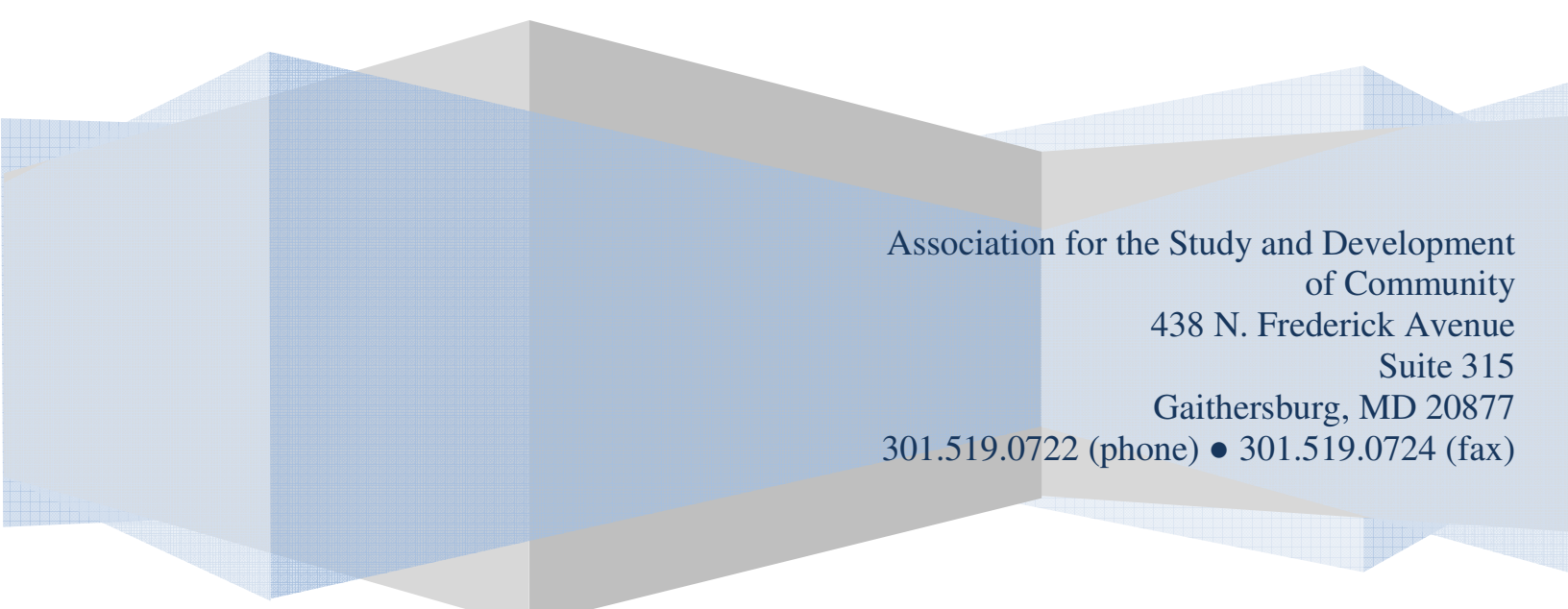


Howard County Cultural Competency Summit Meeting Summary

November 18, 2008



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The Howard County Cultural Competency Summit occurred on October 6, 2008 at the James N. Robey Public Safety Training Center in Mariottsville. This document summarizes three major activities during the summit: 1) sharing among the participants about their agencies and services (Section 1), 2) three small group discussions on specific topics (information generated by two of the three groups were combined because the participants had similar discussions) (Section 2), and 3) next steps following the summit (Section 3). The agenda, participant list, and a summary of the presentation made by the director of the National Center for Cultural Competence are included in the appendices.

1. Assets and Needs Among Service Providers in Howard County

Alianza

- Targets population is the Latino community
- Conducts advocacy work
- Refers clients to Centro de Ayuda
- Currently implements health prevention program
- Works in partnership with FIRN
- Looking for partners and Latino professionals and mentors

Association of Community Services

- Coalition of human service providers
- Meets monthly on different topics (open to anyone)
- Facilitates “bring your own lunch” events
- Has committees that deal with different issues (e.g., disability, employment)

Columbia Cooperative Ministry

- Works with churches
- Brings different religious groups together
- Refers people to the services they need
- Has a good knowledge of services

Conexiones

- Targets students
- Recognizes Latino student achievement
- Has student data

Consumer Affairs

- Provides assistance in financial literacy

Department of Citizen Services

- Meet quarterly on all kinds of issues (e.g., health, education)
- Facilitates an international roundtable

- Has a liaison who addresses disability issues, ensures that people with disabilities also receive culturally competent services, and providers comply with the American Disabilities Act

Department of Social Services

- Uses the language line for interpretation assistance
- Has interpreters in circuit court
- Employees are becoming increasingly diverse
- Sensitivity to culture is more of an issue than the culture
- Need ongoing cultural competency training for staff
- Transportation is an issue for Latinos in the community

FIRN

- Serves all foreign-born groups
- Provides immigration counseling, employment counseling and information and referral for health, social service, and other issues as well as clinics/orientations on U.S. systems (e.g., legal, health, housing, childcare)
- Provides English tutoring after-school in 11 public schools and for adults at Bridgeway Community Church
- Has a contract with the Maryland Department of Health and Mental Hygiene to address anti-smoking and cancer prevention (developed needs survey for different cultures)
- Holds monthly meetings with immigrant leaders (FIRN Coalition)
- Recruits, trains, and maintains a bank of medical interpreters (Language Connections) and contracts these out to the Health Department and others, using 12-15 on a regular basis and adding others with hard-to-find languages
- Works on making sure frontline staff in the county are more culturally responsive
- Looking for Burmese leaders and cultural brokers

Howard County Community College

- Has a robust cultural/diversity plan
- Has certified translators and interpreters for 65 different languages
- Has resources and expertise for cultural competency training

Howard County Economic Development Authority

- Assists in small business start-up
- Serves a large African American clientele
- Accommodates individuals with disabilities
- Has statistics on gender and race/ethnicity
- Experiencing outreach issues with Asians and Latinos
- Needs to develop language capacity

Human Rights Commission

- Focuses on issues related to law, housing, employment, and public accommodation
- Responsible for complaints about discrimination

- Discrimination based on 15 social identifiers (e.g., race/ethnicity, ability, sexual orientation)
- Conducts diversity training for first responders, include the police department and fire and rescue
- Contracts with FIRN for interpreters and translators
- Looking for cultural brokers to discuss Latino cultures

International Refugee Committee

- Address refugee-specific issues
- Has space in FIRN's office
- Partners with FIRN to serve the Burmese community in Howard County

Kaur Foundation

- Works with the Sikh community
- Serves as liaison between community and services

Maryland Consumer Rights Coalition

- Deals with all kinds of consumer issues (e.g., credit, housing)
- Has monthly board meetings
- Networks through listserv
- Looking for clients
- Needs to reach out and disseminate information to different cultural groups

Mental Health Authority

- Has staff who attended Spanish language course
- Has mental health professions who speak different languages
- Translated its resource directory into Spanish
- Needs to reach out to foreign-born population about disaster planning issues

Office of Workforce Development

- Has a youth liaison

Recreation and Parks

- Manages 650 camps, 2,000 programs, and 44 children centers
- Wants to have more cultural diversity in its services (e.g., cooking, dancing, and other leisure activities with an educational component)
- Needs more staff for after-school hours, evenings, and weekends
- Wants to train staff in communicating to particular cultural groups, particularly people with disabilities

2. Summary of Small- and Large-Group Meetings

A. Fiscal and Personnel Resources Required to Support Cultural Competence and Existing Venues for Continued Networking and Sharing

Participants in the small group sessions—fiscal and personnel resources required to support cultural competence and existing venues for continued networking and sharing—discussed similar topics. Aside from exchanging information about each other’s organizations, participants talked about the following.

Development of cultural competency plans. Some organizations in Howard County are already practicing cultural competency in some form or shape, but have not committed these practices into a written plan or examined what else needs to be done to enhance their organizations’ cultural competency. A few participants noted that the development of a plan would allow them to recognize existing practices, build on what is already working, and begin to identify gaps (an asset-based approach would make people more comfortable and willing to discuss the gaps). Participants believed that developing a cultural competency plan is a good starting point for their organizations; it provides an opportunity for an organization’s staff and leadership to establish a common understanding about the meaning of diversity and inclusiveness, and to learn about the needs and fears of people. ASDC agreed to identify a template for a cultural competency plan.

Howard County Community College has a plan that could serve as a model. The Howard County Police Department has a language access plan that the Chief offered to share with anyone interested.

Interpreter bank. With the AT&T language line and FIRN’s interpreter bank, appointments with interpreters have to be made ahead of time. This, however, is not always possible during crises and emergencies. There is a need for a bank where interpreters can be on-call and therefore, available when needed. The Police Department is currently working with Grassroots to support a crisis or emergency response team; the Police Chief is interested in collaborating with other organizations to find a way to strengthen this team by increasing interpretation support. The concern with this solution, however, is that there might not be enough work for the interpreters who go on stand-by. Consequently, it may be difficult to recruit interpreters because the wages may not be predictable.

Information exchange. Participants expressed deep interest in a forum or venue where they can exchange information (e.g., cultural competency plans, policies, materials, etc.). Existing venues that could potentially serve this function include: Association for Community Services’ international roundtables, quarterly meetings and “bring your lunch” events; FIRN’s electronic bulletin board (currently being developed and tested) and expanding coalition made up of immigrant leaders; and Maryland’s Consumer Rights Coalition’s listserv. Current materials and information available for exchange are:

- Howard County Community College’s cultural competency/diversity plan and certified translation and interpretation support for 65 languages;

- Howard County Police Department's language access plan and translated resources in Spanish, Korean, Mandarin, and Vietnamese;
- Howard County Human Rights Commission's diversity forums;
- Translation services in the circuit court;
- Health promotion/disease prevention programs for Latinos (implemented by Alianza and FIRN) and Koreans;
- Columbia Cooperative Ministries' network of faith groups that could serve as conduit for information and referrals.

The Department of Recreation and Parks is particularly interested in creating cultural experiences with an education component for their programs and activities. They also are interested in enhancing the department's engagement of people with disabilities.

Awareness raising. Participants discussed the importance of raising the awareness of different organizations and leaders in the community about cultural competence. Two potential audiences and venues are the Leadership Howard County and the Chamber of Commerce. Participants also suggested that FIRN introduce its expanding coalition of immigrant leaders to agency representatives to promote cross-cultural understanding.

Intentional inclusion of cultural groups besides those based on immigrant status. One person pointed out that cultural competency also needs to be promoted for issues related to disabilities. Issues related to disabilities often do not get sufficient attention.

B. Development of a Diverse Workforce and Use of Volunteers in Howard County

The third small group discussed the development of a diverse workforce and use of volunteers. In addition to diversifying the workforce and volunteer base in the public, private, and nonprofit sectors, participants believed that it is important to work toward equality and equity in the workforce. To begin the diversification process, they felt that the following needs to occur:

- Recruit through the use of non-traditional and multi-lingual media;
- Increase advancement of employees from different racial, ethnic, and cultural backgrounds (increase accessibility to advancement opportunities);
- Train role models and mentors;
- Plan for leadership succession;
- Train staff and volunteers in cross-cultural communication;
- Train human resources staff about various immigration documentation;
- Include information about community leadership and volunteerism as part of job orientation and training;
- Review organizational policies related to recruitment, hiring, and retention;
- Pool resources (e.g., cooperative agreements for language and other job sharing) and seek external funding; and
- Build a business case for a diverse workforce and volunteer base (e.g., diversity increases business effectiveness).

Barriers and questions identified by participants included:

- Lack of value and status associated with certain jobs
 - What are the foreign-born's perceptions about different types of jobs, including those in social services and nonprofit work?
 - How can a career track (including paid training) in nonprofit work be developed and promoted to attract potential employees?
 - How can best practices in organizational cultural competency be shared and disseminated to attract a diverse pool of candidates?
 - How can recruitment fairs promote the value of certain jobs and a culturally competent workplace to attract candidates?

- Better understanding about the value of volunteerism
 - What are the perceptions of volunteerism in different cultures, recognizing that immigrants' priority is to earn wages and achieve economic stability?
 - How can current immigrant volunteers be engaged to promote the value of volunteerism and share their positive experiences?
 - How can youth be engaged early on to value and practice volunteerism?

- Literacy in English
 - How can opportunities for English language training be increased?

- Job readiness
 - How can people from different cultures be trained to prepare for interviews?
 - How can existing networks be used for interviews?
 - How can outreach to residents be improved?
 - How can assistance be given to low to moderate-income individuals who lack resources to get job services (e.g., resume writing)?
 - How can immigrants change their perceptions that their cultural background may be "stumbling blocks"?

Participants identified specific groups of people that need to be involved in addressing the above needs and barriers: county leadership; faith and religious leaders, small and large business leaders, language schools, and fraternities and sororities (to help promote leadership development); public schools (to help create a pipeline for a diverse workforce); medical leaders; community volunteer banks; and human resource managers.

3. Next Steps

Participants identified the following needs for follow-up:

At the systemic level:

- An electronic-based forum for exchange, including a website—a potential forum is FIRN’s electronic bulletin which is currently under way; Jennifer Blake will find out more about this bulletin.
- Use of Howard County government’s intranet to exchange information among public agencies
- An organization that could function as the lead agency or facilitator; perhaps, different organizations and leaders could take turns fulfilling this function for a certain short period of time to promote shared responsibility.
- A coalition could be established, using an interagency model, to continue the engagement of different stakeholders in the community.
- Organize forums to hear directly from different foreign-born groups; perhaps, the coalition of immigrant leaders currently being established by FIRN could serve as the basis for an initial forum.

At the agency level:

- Develop a cultural competency plan (first ask if such a plan exists); Kien Lee will identify a template for such a plan.
- Understand what is required by law in terms of cultural and linguistic competency.
- Each organization representative will take the information gathered at the summit back to their organization and begin to initiate a discussion about cultural competency among the organization’s leadership and staff;
- Identify people who can speak to cultural competency in the county;
- Identify “cultural experts” who can speak to staff; and
- Conduct an on-line survey several months after the summit to learn what organizations have done and to gather information for exchange.

Volunteers:

The following individuals volunteered to determine how to implement the above suggestions for next steps:

- Jennifer Blake, FIRN
- Bill McMahon, Howard County Police Department
- Laura Wetherald, Howard County Department of Recreation and Parks
- Joyce Lehrer, Howard County ADA/Disability Services
- Sheila Little, Howard County Office of Workforce Development
- Arvinder Goomer, Kaur Foundation
- C. Vernon Gray, Human Rights Commission

Appendix A

Agenda

Howard County Cultural Competency Summit October 6, 2008

James N. Robey Police & Fire Training Facility
(2200 Scott Wheeler Drive, Mariottsville, MD 21104)



AGENDA

- | | |
|------------------|--|
| 8:30 am | Arrive |
| 9:00 - 9:20 am | Welcome
<i>Jennifer Blake, FIRN</i>
<i>Ken Ulman, County Executive</i> |
| 9:20 - 9:30 am | Overview of Summit
<i>Kien Lee, Association for the Study and Development of Community (ASDC)</i> |
| 9:30 - 10:30 am | Achieving Organizational Cultural and Linguistic Competence
<i>Tawara Goode, Director, National Center for Cultural Competence</i> |
| 10:30 - 10:45 am | Break |
| 10:45 - 11:15 am | Discussion/Questions & Answers |
| 11:15 - 12:00 pm | Homing in on Howard County <ul style="list-style-type: none">▪ What policies and practices in their organization or in other organizations in Howard County support cross-cultural competence?▪ What was the impetus for these policies and practices and what facilitated their development? <i>Kien Lee, ASDC (facilitated session)</i> |
| 12:00 - 1:00 pm | Lunch and Networking |

1:00 - 1:45 pm

Small group sessions

Session 1: Networking and sharing on topics related to cultural competence

- What are some of the natural venues for networking and sharing?
- What else do you need to know to make this happen?
- What type of support (e.g., infrastructure) do you need to make this happen?

Session 2: Identifying resources (fiscal and personnel) to support cultural competence in your own organization and community

- Where are areas where you can pool your knowledge, skills, resources?
- What else do you need to know to make this happen?
- What type of support (e.g., infrastructure) do you need to make this happen?

Session 3: Development of a diverse workforce and use of volunteers

- What conditions or circumstances are needed to consider these policies?
- Who needs to be involved?
- What type of support (e.g., infrastructure) do you need to make the change happen?

1:45 - 2:00 pm

Break

2:00 - 2:45 pm

Repeat of Sessions 1, 2, and 3

2:45 - 4:00 pm

Report Out

Kien Lee, ASDC (facilitated session)

4:00-4:30 pm

Next Steps (to be determined by the group)

Jennifer Blake, FIRN (facilitated session)

4:30 pm

Adjourn

Appendix B

Participant List

Summit Planning Committee:

Jennifer Blake
Sunsoon Cho
Frank Choi
Rashid Chotani
Jeannie Dillingham
Joan Driessen
Jodi Finkelstein
Gary Gardner
Shelley Garten
Sandra Gutierrez
Sharon Hadsell
JoAnn Hawkins
Keri Hyde

Andrea Ingram
Dale Jackson
Oh Kook Jun
Min Kim
Sandra Kvarnstrand
Kien Lee
Robin Levine
Diane Martin
Bill McMahon
Lois Mikkila
Elisa Montalvo
Fritzi Newton
Emma Ostendorp

Judy Pittman
Rebecca Price
Jackie Ring
Glenn Schneider
Viviana Simon
Feli Sola-Carter
Sue Song
Francis Torres
Anne Towne
Sue Vaeth
Donna Wells
Linda Won

Summit Facilitators:

Association for the Study and Development of Community – Kien Lee, David Chavis and Marjorie Nemes

Summit Speakers:

Howard County Executive – Ken Ulman
National Center for Cultural Competence – Tawara D. Goode

Summit Attendees from Agencies:

Alianza de la Comunidad – Frances Torres
Association of Community Services – Anne Towne
Counselors Helping (South) Asians/Indians (CHAI) – Razia Kosi
Chase Brexton Health Services – Dr. Kari Bichell
Columbia Association – Michelle Miller
Columbia Cooperative Ministries – Alvin Thompson
Community Action Council of Howard County – James Smith
Conexiones of Howard County – Feli Sola-Carter
Congregations Concerned for the Homeless – Jane O’Leary
Domestic Violence Center of Howard County – Jodi Finkelstein
FIRN – Jennifer L. Blake
Grassroots Crisis Intervention Center – Andrea Ingram
Horizon Foundation – Jackie Ring
Howard County ADA/Disability Services Coordinator – Joyce Lehrer
Howard County Administration (Executive Staff) – Lonnie Robbins
Howard Community College – JoAnn Hawkins and Carol Parreco

Howard County Department of Citizen Services – Susan Rosenbaum and Lois Mikkila
Howard County Department of Housing and Community Development – Stacy Spann
Howard County Department of Recreation and Parks – Laura Wetherald
Howard County Department of Social Services – Anne Wright
Howard County Economic Development Authority – Cynetta Cardwell
Howard County Mental Health Authority – Donna Wells
Howard County Office of Human Resources – Todd Allen
Howard County Office of Human Rights – C. Vernon Gray and Mary M. Campbell
Howard County Office of Children’s Services – Dale Jackson
Howard County Office of Consumer Affairs – Becky Bowman
Howard County Office of Workforce Development – Sheila Little
Howard County Police Department – William McMahan
Howard County Public Library – Emma Ostendorp and Fritzi Newton
Howard County Public School System – Min Kim
International Rescue Committee – Sara Kauffman
Kaur Foundation – Arvinder Goomer
Maryland Association of Nigerian Physicians - Dr. Ruth Agwuna

Resource Personnel at Summit:

FIRN – Paula Blackwell, Laura Pfeifer and Pedro Reyes
Pinnacle Career Resources – Maria Smith

Also Invited to Participate in Summit:

Chinese Language School of Columbia
Howard County Chinese School
Howard County Department of Transportation Planning
Howard County Department of Fire and Rescue
Howard County General Hospital
Howard County Health Department
Howard County Muslim Council
Howard County Office on Aging
Korean American Community Association (KACAHI)
Korean Care Line
Howard County Chamber of Commerce
Huaxing Language & Culture Center
STARR Center

Appendix C

Presentation

Achieving Cultural and Linguistic Competence: Implications for Human Services and Education

[Note: This summary of the presentation delivered by Tawara Goode, Director of the National Center for Cultural Competence, at the Howard County Cultural Competency Summit on October 6, 2008 was prepared based on her Power Point presentation, which can be found in the Resources section of FIRN's website at www.firnonline.org .]

Striving for cultural and linguistic competence in human services and education enables agencies to respond to current and projected demographic change; eliminate long-standing disparities; improve quality of care, services and outcomes; meet legislative, regulatory and accreditation mandates; gain & maintain a competitive edge in the market place; achieve work force diversity; enhance the formal education of staff and volunteers; and decrease risk of liability/malpractice. Emerging research validates its efficacy.

Demographic trends in Maryland point to a diverse foreign-born population, including many with limited English proficiency. Of persons becoming legal residents of Maryland during FY 2004, the top ten countries of origin were India, Philippines, El Salvador, Nigeria, China, Korea, Ethiopia, Jamaica, Ghana and Peru. The top ten languages spoken in Maryland in 2005 were English, Spanish, French, Chinese, Korean, Kru/Ibo/Yoruba (African dialects), Tagalog, German, Russian and Vietnamese. Of Maryland's foreign-born population, 20.4% lives in linguistic isolation (i.e., no person over age 14 in the household speaks English at least very well).

Many cultural factors influence diversity among individuals and groups. Internal factors include: cultural/racial/ethnic identity; tribal affiliation/clan; nationality; acculturation/assimilation; socioeconomic status/class; education; language; literacy; family constellation; social history; perception of time; health beliefs & practices; health literacy; perception of disability; perception of mental health; age and life cycle issues; gender and sexuality; sexual orientation and identity; religion and spiritual views; spatial and regional patterns; and political orientation/affiliation. External factors include: institutional biases; racism and discrimination; community economics; intergroup relations; group and community resiliency; natural networks of support; community history; political climate; workforce diversity; and community demographics.

Culture can be defined as an integrated pattern of human behavior which includes but is not limited to: thought, languages, values, beliefs, customs, practices, courtesies, manners of interacting, rituals, communication, roles, relationships and expected behaviors of a racial, ethnic, religious, social, or political group; and the ability to transmit these to succeeding generations. Not only is culture applicable to all peoples, but it is also active and dynamic – i.e., it changes over time; it changes with migration; it changes to meet new challenges to group; it changes through interactions with other groups; and it changes based on climate. Culture is also multi-layered (at the personal, family and community level as well as at home, school and

work/professional levels). Culture is also malleable over time and should always be considered within a context. Culture is viewed as thick (permeating all aspects of life), thin (reflected in surface aspects) or compartmentalized (different expression of culture at home and in public). Culture structures perceptions; shapes behaviors and is the total way of life – telling group members how to behave and providing their identity. Culture is akin to being the person observed through a one-way mirror: everything we see is from our own perspective; it is only when we join the observed on the other side that it is possible to see ourselves and others clearly – but getting to the other side of the glass presents many challenges.

Using an analogy of an iceberg, we see only the tip when we focus on such things as dress, age, gender, language, race/ethnicity and other physical characteristics. We need to look more deeply to see eye behavior, facial expressions, body language, sense of self, and gender identity. Look more deeply still to understand a person's notions of modesty, concept of cleanliness, emotional response patterns, rules for social interaction, child rearing practices, decision-making processes, and approaches to problem solving. And look even further for perceptions of mental health, health, illness, disability; patterns of superior and subordinate roles in relation to status by age, gender, class; sexual identity & orientation; and much more.

Culture is a system of collectively held values, beliefs, and practices of a group which guides decisions and actions in patterned and recurrent ways. It encompasses the organization of thinking, feeling, believing, valuing and behaving collectively that differentiates one group from another. (Wenger, A., 1991).

Organizational culture is ...a pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. (Schein, E., 1985)

Cultural competence requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally. At the organizational level, key elements of cultural competency are to: value diversity; conduct cultural self-assessment; manage the dynamics of difference; institutionalize cultural knowledge; and adapt to diversity (with policies/structure and values/services). At the individual level, key elements of cultural competency are to: acknowledge cultural differences; understand one's own culture; engage in self-assessment; acquire cultural knowledge & skills; and view behavior within a cultural context. For a culturally competent system, the key elements must be manifested at every level of an organization including policymakers, administration, practice and service delivery, consumer/patient/family, community so that they are reflected in attitudes, structures, policies, practices and services. Cultural competency is a continuum that progresses from cultural destructiveness to cultural proficiency, with many levels in between.

Linguistic competence can be defined as 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 are not literate or have low literacy skills, and individuals with disabilities. It requires organizational and provider

capacity to respond effectively to the health literacy needs of populations served. A framework for linguistic competence includes dedicated fiscal resources, dedicated personnel resources, policy, practices, structures, and procedures.

The U.S. Department of Health and Human Services (HHS) provides guidance for recipients of federal assistance regarding Title VI prohibition against national origin discrimination affecting limited English proficient persons. This guidance can be found on the HHS website at <http://www.hhs.gov/ocr/lep/revisedlep.html>. Covered under the guidance are recipients of HHS assistance (e.g., hospitals, nursing homes, home health agencies and managed care organizations; universities and other entities with health or social service research programs; state, county and local health agencies; state Medicaid agencies; state, county and local welfare agencies; programs for families, youth and children; Head Start programs; public and private contractors, subcontractors and vendors; and physicians and other providers who receive federal financial assistance from HHS). Another useful website is that of the Federal Interagency Working Group on Limited English Proficiency at <http://www.lep.gov>.

National Standards on Culturally and Linguistically Appropriate Services (CLAS) are primarily directed at health care organizations and can be found on the website of the Office of Minority Health within the U.S. Department of Health and Human Services at <http://www.omhrc.gov/clas/finalcultural1a.html>. These relate to culturally competent care (Standards 1-3); federal mandates for language access (Standards 4-7), and organizational supports for cultural competence (Standards 8-14).

CLAS Standards 4-7 are federal requirements for all recipients of federal funds. For example, health care organizations must:

- offer and provide language assistance services, at no cost to each patient/consumer, at all points of contact, timely and during all hours of operation (Standard 4);
- provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services (Standard 5);
- assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff (Standard 6); and
- make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area (Standard 7).

Cultural competence and linguistic competence are integrally linked to each other and to patient and family centered care; health literacy; community engagement; and partnerships between individual, families, communities and health professionals. We need to consider the implications for cultural and linguistically competency in core functions (i.e., what we do); human resources and staff development (i.e., who we are); fiscal resources and allocation (where the money goes); collaboration and community engagement (i.e., who are partners are); and contracts (i.e., who do we entrust to deliver services and supports)? Culturally and linguistically competent organizations reflect this in their philosophy; mission statement; policy, structures, procedures, and practices; a diverse, knowledgeable and skilled workforce; dedicated resources and incentives; community engagement and partnerships; publication and dissemination; and advocacy.

Both adaptive change and technical change are needed. Progress requires changes in people's values, attitudes and/or habits of behaviors. This is difficult, given fears and concerns about cultural and linguistic competency that may range from feelings of futility of learning about so many cultures to fears of discovering one's personal biases or being subject to repercussions from others...from feelings of insecurity regarding how others view oneself to overconfidence of having mastered cultural competency. Several organizational change theories can be applied to cultural and linguistic competency:

- **Resistance** is a characteristic of any major organizational change effort and a major reason why organizational change efforts fail (Prochaska, Prochaska and Levesque, 2001).
- **Resistance** should be expected in different stages of multicultural organizational change because the topics of prejudice, discrimination and oppression are controversial and emotionally charged. (Brantley, Frost and Razak, 1996).
- The Transtheoretical Model of Change suggests that it is counterproductive to forge ahead with action without addressing issues such as **resistance**, that stand in the way of individual and organizational readiness for change.

Stages of change are: pre-contemplation, contemplation, preparation, action and maintenance. To successfully make this journey requires leadership, shared ownership, addressing the "isms" (confronting the undercurrents), keeping it real and weaving it into the fabric of the organization. Below is a pledge that should guide us all:

As a culturally competent _____, I am capable of interacting positively with people who do NOT look like, talk like, think like, believe like, act like, live like... ME!!!

Adapted from Multnomah County Department of Health, Oregon; Modification from Mike Magy, Massachusetts Department of Mental Health, November 2005

Above all, cultural competence and linguistic competence are a life's journey ... not a destination!