STRATEGIES FOR REDUCING BARRIERS TO REPRODUCTIVE HEALTH SERVICES FOR DIVERSE YOUTH

Framework for Assessing the Developmental and Cultural Competence of Reproductive Health Care Provider Agencies

Barbara W. Sugland, M.P.H., Sc.D.
Senior Research Associate

Child Trends
July 1999

STRATEGIES FOR REDUCING BARRIERS TO REPRODUCTIVE HEALTH SERVICES FOR DIVERSE YOUTH

Framework for Assessing the Developmental and Cultural Competence of Reproductive Health Care Provider Agencies

Introduction & Basic Assumptions

One of the main goals of this project is to understand how adept provider agencies are at handling adolescents, particular diverse young, and the challenges they face when trying to deliver reproductive health services to these populations. In order to accomplish this project goal, it was important to define what is meant by "being adept" at serving young clients and diverse, adolescent clients. It was also important to develop a preliminary conceptual framework for concepts we defined. For the purposes of this study, we believed the terms developmental and cultural competency were an appropriate way to define provider capacity in terms of serving youth and to guide site monitoring activities and analysis of site visit data.

Our working definition and preliminary framework are based on two primary assumptions. The first is that competence, whether developmental or cultural, must be achieved at both an *individual (staff)* and *organizational* level to ensure full access to reproductive health services for adolescents and youth of color. That means that staff (at all levels) and the organization (at the level of policy and practice) must value and address issues of developmental and cultural differences.

The second assumption is that competency (developmental or cultural) is a process that involves a transition from basic awareness and acceptance of the importance of differences, to an explicit change in how one (individually and organizationally) handles those differences.

In addition, our framework distinguishes between developmental/cultural *competency* and developmental/cultural *sensitivity*. We define sensitivity as -- knowing that developmental or cultural differences as well as similarities exist, but not assigning value to those differences. Competency, on the other hand, moves beyond sensitivity to incorporate a set of plans, policies, and practices that acknowledge and address differences. According to the National Resource Center on Cultural Competency (1994):

"Competency implies more than a knowledge of beliefs, attitudes and tolerance. Competency implies skills which help to translate beliefs, attitudes and orientation into **action** and **behavior** in the daily interaction with children and families" (pg. 7).

Our definitions and conceptual framework are based on reviews of the adolescent development and cultural competency literatures. We acknowledge that while our preliminary framework is theoretically grounded, it has not been empirically tested. We use it simply as a guide for thinking about the capacity of reproductive health providers to serve young and diverse youth and for developing preliminary guidelines for reproductive health services for youth. It is not, therefore, designed as an empirical assessment or evaluation of the adequacy of service delivery to teens in general or ethnic minority youth, in particular.

Definition of Developmental and Cultural Competency

We define developmental and cultural competency at the individual level as:

Developmental competency: "The state of being capable of functioning effectively in a context of developmental differences, or in a context where the developmental capacities of others differs from one's own developmental capacities".

Cultural competency: "The state of being capable of functioning effectively in a context of cultural differences, or in a context where the culture of other individuals differs from one's own culture."

At the organizational-level, cultural and developmental competence is defined as:

"A set of congruent practice skills, attitudes, policies and structures, which come together in a system, agency, or among professionals and enable that system, agency or professionals to work effectively in the context of developmental (cultural) differences"[1]

For the purposes of this study and our emphasis on reproductive health provider agencies, we focus on developmental and cultural competency at the organizational level. We will explore strategies and guidelines for strengthening individual competency during the breakout sessions at the working meeting.

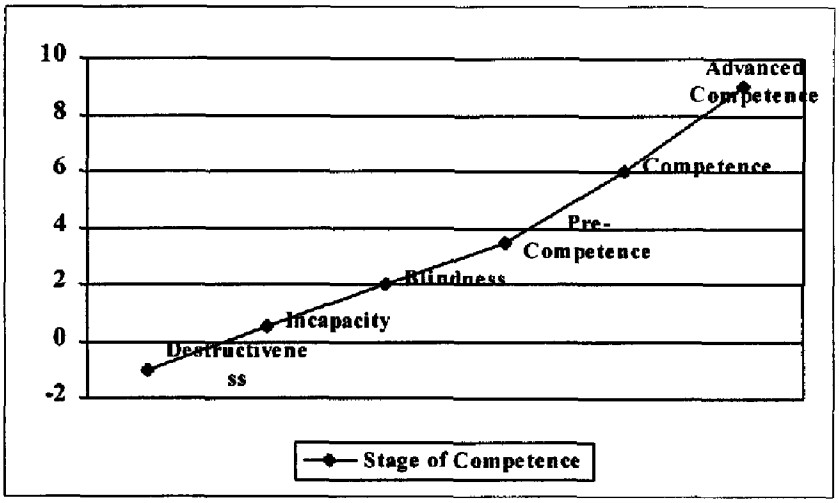
[1] E. Montalvo (1999). Latino Adolescent Pregnancy Prevention Symposium. Child Welfare League of America, National Council of Latino Executives.

Preliminary Framework for Developmental & Cultural Competency

Our preliminary framework for developmental and cultural competency is based primarily on several studies and working group reports on cultural competency within the health care and social service delivery setting.[2] We found no examples of developmental competency that did not have an explicit cultural competency reference or focus. Thus, our developmental competency framework is adapted to fit the stages of cultural competency described in the documents and studies we reviewed.

Our framework includes six stages of competence shown in Figure 1. These stages include (from most negative to most positive): 1) Developmental/cultural destructiveness, 2) Developmental/Cultural Incapacity; 3) Developmental/Cultural Blindness; 4) Developmental/Cultural Pre-Competence; 5) Developmental/ Cultural Competence; 6) Advanced Developmental/Cultural Competence (Proficiency).

Figure 1: Continuum of Developmental & Cultural Competence



Source: Cross, T.L., Bazron, B. J., Dennis, K.W., Isaacs, M.R. (1989). Towards a culturally competent system of care. Vol. I.: A monograph on effective services for minority children who are severely emotionally disturbed. Washington, D.C. CASSP Technical Assistance Center. Georgetown University Child Development Center

---

[2] Maternal & Child Health Bureau (1994). Journal towards cultural competency: Lessons learned. Health Resources and Services Administration, Department of Health and Human Services. Washington, D.C.;

Cross, T.L., Bazron, B. J., Dennis, K.W., Isaacs, M.R. (1989). Towards a culturally competent system of care. Vol. I.: A monograph on effective services for minority children who are severely emotionally disturbed. Washington, D.C. CASSP Technical Assistance Center. Georgetown University Child Development Center;

Advocates for Youth (1994). A Youth Leader's Guide to Building Cultural Competence. Washington, D.C. Advocates for Youth;

Randall-Davis, E. (1989). Strategies for Working with Culturally Diverse Communities and Clients. Office of Maternal and Child Health. Bethesda, MD. U.S. Department of Health and Human Services;

Stages of Developmental Competency

1. **Developmental Destructiveness**

The most negative end of the continuum reflects attitudes, behaviors, policies and practices that are destructive to adolescents, their well being and sexual health. Such agencies may seek to dehumanize youth, deny them access to services, or knowingly involve them in activities or services that put them at physical or emotional risk. We presume there are very few examples of developmental destructiveness within reproductive health care provider agencies across the U.S. However, some examples of the types of practices we would expect at this stage are:

- Agency actively tries to isolate itself from other youth serving agencies or community based organizations that could help the agency actively engage or serve teen clients.
- Agency has an explicit mission not to serve youth, because of perceived costs or challenges to working with adolescents, or has a mission that denies services to particular types of youth (e.g., unmarried youth, youth who choose not to involve their parents or families).
- Staffing and program priorities do not include specific measures to engage youth, but rather serve to actively deter teens.
- There is no requirement for staff training on how to work with teens, no support for clinic staff to expand their own knowledge base on these issues; staff who seek such training may be penalized.
- Clinic does not acknowledge need for "teen friendly" services; in fact, may seek to develop services that are not "teen friendly."

2. **Developmental Incapacity**

At this next stage, an organization does not intentionally seek to be developmentally destructive. Rather it lacks the capacity to help adolescents be more effective in their contraceptive and fertility decision-making and behavior. Agencies at this stage of developmental competence may still hold biases towards serving youth, and may discriminate against youth, or perpetuate negative stereotypes about youth through their training or service delivery practices. They may also have discriminatory hiring practices or staff may give a subtle impression to youth that they are not valued.

- Clinic does not see the need to build coalitions with community agencies that serve youth because it views teen clients as any other population. There is no mandate to collaborate with such organizations to help attract or engage youth.
- Clinic does acknowledge the need to have a specific mission to serve youth, but it does not feel that it has the resources and/or capabilities to effectively create and implement

such a mission to engage teens. Clinic believes that other community based organizations or youth serving agencies should take the lead in offering teen services.

- Staffing and program priorities do not reflect the specific needs of adolescent clients; staff is not recruited to work with teen clients; programs and protocols are not geared towards youth. Clinic does not feel equipped to plan staffing or programs that would actively engage teens.

- Training for both clinical staff and administrators does not contain any specific information regarding teen clients and their pertinent health issues. Nor are there in-service programs for staff that expands knowledge concerning adolescent development or addresses how to communicate with youth. Clinic staff and administrators feel relatively ill prepared to learn about developmental milestones and adolescent health care.

- Clinic does understand the need for "teen friendly services". However, it is unable to learn how to provide such services/or is unwilling to find resources to effectively engage youth.

- Clinic (either staff or management) may feel negatively towards serving teens because of discomfort with teens having sex, for example. Clinic may feel that teens should not have access to comprehensive reproductive health services. In turn, it may use clinical environment as "tough love" for "bad" kids.

3. **Developmental Blindness**

Agencies at this stage of the continuum provide care to teens with the explicit goal of being "unbiased". They function with the belief that the stage of adolescence, and thus adolescent clients, are not different from other clients. In fact, all clients served are the same. Thus, the more universal approach to service delivery should work equally well for everyone.

- Agency is committed to the *equity* of care and caring qualities of staff that will meet the needs of clients, regardless of age. The health agency does not recognize the needs of teen clients as being different from the adult client population.

- Clinic does not see the need to build coalitions with community agencies that serve youth because it views teen clients as any other population. There is no mandate to collaborate with such organizations to help attract or engage youth. In addition, referrals are not made for teen clients to receive appropriate services at youth focused agencies.

- Clinic does not have a specific mission to engage youth because it does not acknowledge any need to target adolescents; it does not view teens as population with a separate identity and set of health concerns requiring special attention and/or services.

- Staffing and program priorities do not reflect the specific needs of adolescent clients; staff is not recruited to work with teen clients; programs or protocols are not geared towards youth.

- Training for both clinical staff and administrators does not contain any specific information regarding teen clients and their pertinent health issues. Nor, does staff have any in-service programs that expands their knowledge base concerning adolescent

development and how to communicate with youth.

- Clinic does not understand or see the need for "teen friendly services". In the clinic's vision, all clients are the same and should be treated as such. There is a focus on the caring and courtesy from a delivery perspective; clinic is not yet aware that perception varies based on age and developmental stage.

4. **Developmental Pre-Competence**

At the middle of the competency continuum is the stage of developmental pre-competence. Agencies at this stage have a strong desire and commitment to serve youth. They realize their weaknesses in serving youth, and have attempted to improve certain aspects of services targeting teens. Changes in service delivery may include training for staff on developmental issues, involvement of youth as peer educators, or outreach to schools or other youth service provider organizations. However, agencies at the pre-competence stage often lack information on what is possible or how to proceed.

- Agency is aware of the distinct developmental needs of teen clients, has a strong desire and commitment to serving teens. However, there may be few or no organizational mandates to serve youth;
- Agency may put in place a few "youth targeted" services or strategies, but there is no formal or cohesive agency-wide strategy. Agency is in the early stages of including statements within its mission that acknowledges the need for teen oriented services, although the overall vision of how to serve youth effectively is in a formative stage. Clinic staff and administrators assess the mission, with no involvement of or input from youth.
- Agency is beginning to understand the term "teen friendly" and has plans to address issues of privacy, confidentiality, and the use of educational materials and strategies that are preferred or desired by teens (e.g., videos, peer educators);
- Basic and informal training on how to serve youth is provided for some but not all members of line staff; training for administrative staff is not provided or seen as necessary.
    - Information provided may focus primarily on adolescent physical, cognitive and/ or emotional development with some understanding of biological development and puberty; cognitive development and decision-making; the importance of self and identity and autonomy.
    - Information on health and social issues confronted by youth in the agency's catchment area may also be provided. However, training that addresses practical skills or strategies for working with teens, such as styles of communication are only briefly discussed.
    - Training takes the form of short in-service training sessions, or may only be a part of staff's initial training and introduction to the clinic. There is no agency mandates for training or program/service delivery strategies or approaches.

- Agency is not involved in a coalition of other community-based organizations or youth provider agencies. Agency may refer clients to such agencies, but there is no active collaboration.

5. **Developmental Competence**

Developmentally competent agencies accept and have respect for the developmental issues that are characterized by adolescence. They recognize there are subgroups within the adolescent population that may require different approaches or have special needs unique from the majority of youth. They are tuned in to the dynamics of the interplay between adults and youth, are continually seeking ways to increase their knowledge about youth and actively explore and implement new service delivery approaches to meet the needs of teens. Agencies at this stage look for staff who are interested in and comfortable working with teens, and they provide support to staff to enable them to work effectively with youth. Developmentally competent agencies also understand the importance of and influence of policy on service delivery practices, and seek to implement policies that enhance the ability of staff to work with youth.

- Agency is an active consumer of training and services to adopt principles of developmental competence. The ability of an agency to achieve competence is more a result of administrative or financial barriers, rather than a lack of awareness or desire to move forward.

- Agency has started to establish networks or formal ties (coalitions) with other youth service organizations in order to improve access to care for teens.

- Agency has a specific mission to target the adolescent population in its catchment area. However, the vision does not necessarily address the broader socio-cultural context to create appropriate services for teens confronting many developmental challenges. The agency mission is assessed by staff and administrators, but it is only beginning to involve youth or community members in this process.

- Staffing and program priorities reflect the specific needs of adolescent clients. Specifically, issues of staff diversity according to race, age, and gender is given greater attention, along with the development of protocols and procedures that specifically take into account various issues important for working with teens.

- Staff training involves all members of line staff (educators, counselors, clinicians, administrative assistants), but does not include agency administrators or directors. Training is more comprehensive than at the pre-competence stage. Information on adolescent physical, cognitive, emotional development is provided, along with data on the health and social issues confronting youth in the service catchment area; Training on practical skills in working with teens, such as effective communication, along with a focus on the role of peers, partners and family values and norms is provided.

- Agency understands the term "teen friendly" services and has successfully implemented such measures to actively engage youth including, some but not all of the following:

  a. Changes in exam room or layout of waiting area to address concerns about privacy

and confidentiality of services; exam room is designed to ease client anxiety; layout is warm and inviting with use of images that are attractive to adolescents;

b. Teen appropriate videos and reading material; staff is friendly but not invasive and recognizes teen's privacy and autonomy

c. Services are teen oriented – staff use language in clinical and educational sessions that are understandable to teens; teen is given opportunity to ask questions; Agency has younger staff, and staff from same gender or cultural background as teen to increase comfort and ease of interaction with staff;

d. Educational materials address teens' questions and concerns and reflect the context of teens' lives; clinic uses peer educators/outreach workers to communicate with teens at the clinic and off-site.

6. **Advanced Developmental Competence (Developmental Proficiency)**

At the most positive end of the continuum is advanced developmental competence or developmental proficiency. Agencies at this stage have a profound respect for youth, their abilities and their potential. They seek to contribute to the knowledge base of how to serve teens by conducting, participating in or contributing to research and demonstration projects that develop and/or test new approaches to serving youth. They publish, disseminate and actively consume information that on the results of this work, and participate regularly in professional meetings, workshops and/or trainings in order to have access to new information about serving youth. They hire staffs who specialize in working with teens, work to acquire a multidisciplinary staff that can address the full scope of teen's needs. They are vocal advocates for youth both within their organization and in the broader field of reproductive health practice and policy.

- Agency has an understanding of developmental competence and actively tries to *selling* that concept to other reproductive health experts and providers.
- Agency is actively engaged in community coalitions that serve youth, not only to improve access to health care for teens, but also to provide necessary social support and opportunities for adolescents.
- Agency has a specific mission that targets adolescents, with a vision that includes understanding the breadth and depth of services needed for adolescents confronting many developmental challenges in a broader socio-cultural context. The agency's mission is assessed often by staff, administrators, members of the community and youth to determine its effectiveness in meeting the needs of diverse groups of youth, and it is modified when deemed necessary.
- Staffing and program priorities reflect the specific needs of adolescent clients; staff represent a
diverse mix by race, age, and gender. Programs are geared towards addressing teen issues.
- Training involves all members of line staff (educators, counselors, clinicians, administrative

assistants), including administrators and clinic directors, etc. Training is comprehensive and includes information on adolescent physical, cognitive and emotional development with a full understanding of: biological development, cognitive development, self-identify and autonomy; training addresses health and social issues confronted by youth in the catchment area; offers practical skills in working with teen clients. Regular in-service training for staff is provided and agency is supportive of opportunities for staff to improve their knowledge base in working with teens.

- Agency understands the term "teen friendly" services when applied to health and has successfully implemented such measures to actively engage youth including:

    a. Changes in exam room or layout of waiting area to address concerns about privacy and confidentiality of services; exam room is designed to ease client anxiety; layout is warm and inviting with use of images that are attractive to adolescents;

    b. Teen appropriate videos and reading material; staff is friendly but not invasive and recognizes teen's privacy and autonomy

    c. Services are teen oriented – staff use language in clinical and educational sessions that are understandable to teens; teen is given opportunity to ask questions; Agency has younger staff, and staff from same gender or cultural background as teen to increase comfort and ease of interaction with staff;

    d. Educational materials address teens' questions and concerns and reflect the context of teens' lives; clinic uses peer educators/outreach workers to communicate with teens at the clinic and off-site.

Stages of Cultural Competency

1. **Cultural Destructiveness**

Agencies at the lowest end of the continuum of cultural competency employ policies, practices and attitudes that are destructive to ethnic minority individuals and their cultures. Programs or policies may actively or passively participate in cultural genocide, may employ strategies that dehumanize or deny services to young, ethnic minority clients. A system of cultural destructiveness assumes there is one superior race that has the power to disenfranchise, control or exploit individuals from other, "lesser" cultures.

- Agency has policies where the underlying assumption is that the dominant cultural is the only viable culture. Policies do not value diversity. Knowledge about individuals from diverse cultures is based on stereotypes and myths; Explicit or subtle approaches are used to exclude persons of color from advisory boards or involvement in review of agency missions or priorities;

- Agency does not actively seek to hire staff from diverse cultural backgrounds. There is active practice of excluding staff of color from administrative or policy-making positions.

- Agency refuses to treat clients of racial or ethnic minority groups; services or specific types of services are denied to clients of color;
- Staff are rude or condescending in their treatment of ethnic minorities seeking care; derogatory comments are often made among staff regarding specific racial/ethnic groups;
- Cultural beliefs or practices, or traditional support systems are viewed as primitive or the root cause of problems or pathologies.

2. **Cultural Incapacity**

At this stage of cultural competency, policies regarding issues of diversity or the importance of diversity are non-existent. There is no real desire to learn about people from other cultures, and there is no belief that culture can influence individual behavior. Services are targeted to clients from the dominant culture, outreach to ethnic minority populations is discouraged. The challenge of handling diversity is often used as a reason for not providing services to diverse populations.

- Agency has no formal mission or specific plans regarding the provision of services to people of color. Rather policies may reflect a belief that diversity and serving diverse clients is difficult and an inefficient use of human and/or fiscal resources;
- Agency does not have a diverse hierarchy and does not view individuals of color as having the capacity to serve in such roles. Agencies at this stage may not actively exclude access to administrative positions by persons of color, but they do nothing to make such diversity possible.
- Approaches for hiring staff comply with the law, with no additional efforts to recruit or retain ethnic minority staff.
- Staff does not perceive ethnic minority youth to be receptive to the care provided, often avoid providing care, or have lower expectations of behavior from youth of color.
- Staff has few skills in working with diverse cultures and tends not to be bi-lingual; no training on cultural issues or ability to work with different cultures is provided. Training on diversity issues or cultural competency is not viewed as relevant and actively avoided.
- Agency does not see the need for developing materials that appeal to a diverse audience, or adapting service delivery approaches to be supportive of diverse clients;
- Agency has a preference for diverse youth going elsewhere for care.

3. **Cultural Blindness**

Agencies at the stage of cultural blindness may have an explicit policy that it does not discriminate on the basis of race or ethnic heritage. There is an underlying belief that by not addressing cultural differences the agency is able to serve all clients equally. There may be a few persons of color in administrative positions, but they are primarily treated as token

members of the administration. Staff, whether in administrative or line staff positions, is rewarded for assimilation and having behavior and views considered in line with agency policies. Staffs who raise concerns about cultural diversity are labeled as "trouble makers" or difficult employees. Language differences among clients are handled via interpreters or referrals to other services. The relevance of natural or cultural approaches and beliefs may be tolerated, but clinical knowledge is viewed as the standard of truth upon which service delivery practice should be based.

- Agency policies seek to protect equal treatment of all clients or treat all clients the same; Agency may actively seek to promote "cultural blindness" as the only way to ensure equal access and treatment of young clients;

- Clinic does not see the need to build coalitions with community agencies that serve diverse youth because it views ethnic minority teen clients as any other population. There is no mandate to collaborate with such organizations to help attract or engage diverse youth. In addition, referrals are not made for teens of color to receive more tailored services.

- Clinic does not have a specific mission to engage youth of color because it does not acknowledge any need to target such adolescents; it does not view teens of color as population with a separate identity and set of health concerns requiring special attention and/or services.

- Staffing and program priorities do not reflect the specific needs of diverse adolescent clients; staff is not recruited to work with diverse clients; programs or protocols are not geared towards youth of color.

- Training for both clinical staff and administrators does not contain any specific information regarding diversity or working with ethnic minority teen, or their pertinent health issues. Nor, does staff have any in-service programs that expands their knowledge base concerning diversity or how to work effectively with diverse youth.

- Clinic does not understand or see the need for "culturally appropriate" services. In the clinic's vision, all clients are the same and should be treated as such. There is a focus on the caring and courtesy from a delivery perspective; clinic is not yet aware that perception varies based on culture.

4. <u>Cultural Pre-Competence</u>

Agency policies have begun to indicate a value for diversity, for outreach to special populations, the implementation of special projects or projects and staff training in cultural diversity. Administrators recognize a need to enhance the capacity of delivering services to ethnic minority populations, but efforts to do so are not guided by a specific plan of action. There are no or few formal linkages with communities of color. There are some attempts to assess agency capacity to handle diverse clients, but attempts are informal and not systematic.

- Agency is aware of the distinct cultural needs of ethnic minority teens, has a strong desire and commitment to serving ethnic minority youth. However, there may be few or

no organizational mandates to serve diverse youth;

- Agency may put in place a few targeted services or strategies, but there is no formal or cohesive agency-wide strategy to systematically reach youth of color. Agency is in the early stages of including statements within its mission that acknowledges the need for culturally-oriented services, although the overall vision of how to serve youth of color effectively is in a formative stage. Clinic staff and administrators assess the mission, with no involvement of or input from divers youth.

- Agency is beginning to understand the term "culturally friendly" and has plans to address issues of privacy, confidentiality, and the use of educational materials and strategies that are preferred or desired by youth of color.

- Basic and informal training on how to serve youth of color is provided for some but not all
members of line staff; training for administrative staff is not provided or seen as necessary.

    - Training takes the form of short in-service training sessions, or may only be a part of staff's initial training and introduction to the clinic. There is no agency mandates for training or program/service delivery strategies or approaches.

- Agency is not involved with communities of color outside the organization, or with agencies that focus on youth of color. Agency may refer diverse youth to such agencies, but there is no active collaboration.

5. <u>Cultural Competence</u>

Agencies at the stage of cultural competence have organizational mandates to make health services appropriate and relevant for teens of color, with the goal of attracting or better serving a targeted sub-group of adolescents. There is evidence of staff training in cultural diversity, and other efforts to tailor services or to develop special programs to ethnic minority youth. Assessment of agency capacity is conducted with involvement of communities of color and/or youth of color.

- Agency is an active consumer of training and services to adopt principles of cultural competence. The ability of an agency to achieve cultural competence is more a result of administrative or financial barriers, rather than a lack of awareness or desire to move forward.

- Agency has started to establish networks or formal ties (coalitions) with communities of color or other youth service organizations the target ethnic minority youth in order to improve access to care for diverse teens.

- Agency has a specific mission to target the ethnic minority adolescent population in its catchment area. However, the vision does not necessarily address the full socio-cultural context to create appropriate services for ethnic teens confronting developmental **and** cultural challenges. The mission is assessed by staff and administrators, but it is only beginning to involve youth of color or the external ethnic minority community.

- Staffing and program priorities reflect the specific needs of youth of color clients. Specifically, issues of staff diversity according to race, age, and gender are given greater attention, along with the development of protocols and procedures that specifically take into account various issues important for working with ethnic minority teens.

- Staff training on diversity involves all members of line staff (educators, counselors, clinicians, administrative assistants), but does not include agency administrators or directors. Training is more comprehensive than at the pre-competence stage. Information on the challenges that youth of color face, along with data on the health and social issues confronting youth of color in the service catchment area; Training on practical skills in working with diverse teens is provided.

- Agency understands the term "culturally friendly" services and has successfully implemented such measures to actively engage youth of color.

6. <u>Advanced Cultural Competence (Cultural Proficiency)</u>:

Agencies at the highest level of competence (advanced cultural competency) have a high regard for culture and they view themselves as having an important role for empowering youth of color and communities of color around the issue of reproductive health and sexuality. There is diversity across administrative and line staff positions, employment practices promote leadership and enable the development of cross cultural skills and capacities. Agency is actively involved in developing, testing or promoting new approaches for working with diverse youth and engaging communities of color in the process of service delivery. There is on-going staff training on diversity at all levels. Assessment of agency capacity is formalized and involves both youth of color and the external community of color. Rations with the external community are strong and stable.

- Agency has an understanding of cultural competence and actively tries to *selling* that concept to other reproductive health experts and providers.

- Agency is actively engaged in community coalitions that serve ethnic minority youth or communities of color, not only to improve access to health care for diverse teens, but also to provide necessary social support and opportunities for adolescents of color.

- Agency has a specific mission that targets diverse adolescents, with a vision that includes understanding the breadth and depth of services needed for youth of color confronting the dual challenge of adolescence and cultural identity. The agency's mission is assessed often by staff, administrators, members of the minority community <u>and</u> of color youth to determine its effectiveness in meeting the needs of diverse groups of youth, and it is modified when deemed necessary.

- Staffing and program priorities reflect the specific needs of ethnic minority teens; staff represent a
diverse mix by race, age, and gender. Programs are geared towards addressing issues important to diverse youth.

- Training on diversity involves all members of line staff (educators, counselors, clinicians, administrative assistants), including administrators and clinic directors, etc. Training is

comprehensive and includes information on issues of cultural and its role in adolescent development and sexuality, biases of mainstream culture, strategies for working through individual biases, strategies for working with diverse teens and with the families and larger context of their lives;. Regular in-service training for staff is provided and agency is supportive of opportunities for staff to improve their knowledge base in working with diverse teens.

- Agency understands the term "culturally friendly" services when applied to health and has successfully implemented such measures to actively engage youth