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## THE CULTURAL COMPETENCE SELF-ASSESSMENT PROTOCOL FOR COMMUNITY HEALTH CENTERS

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# The Cultural Competence Self-Assessment Protocol For Community Health Centers

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# CULTURAL COMPETENCE PROTOCOL

## SELF-ASSESSMENT

### Introduction

#### Purpose

Disparities in healthcare are clearly documented in healthcare today. Underserved groups – whether it is cultural, racial, or religious – often times do not receive culturally relevant and linguistically appropriate care.

Conducting a Cultural Competence Self-Assessment is designed specifically for healthcare organizations to assess their cultural competence, ensuring the promotion of quality services to diverse groups. It is the first step in the process of continuous quality improvement.

By conducting a cultural competence self-assessment, you will be able to:

- Validate your organization’s understanding of the ethnic and cultural composition of its patient and employee populations;
- Identify the unique attributes of a given cultural group to ensure access, appropriate treatment and effective communication between providers and patients;
- Reveal opportunities for your organization to make itself more attractive to diverse populations, thereby enhancing its marketing capabilities as well as strengthening its ties to the community;
- Ensure that administrative policies and practices, as well as clinical skills and practices are responsive to the culture and diversity within the populations served; and,
- Show to the community that your organization values diversity and desires to increase its cultural competence.

This internal assessment tool will help your organization evaluate where it sits within a “spectrum of cultural competence.” It is an opportunity to see how your organization is meeting the needs of diverse populations; both patients and those in your organization. The results of this assessment will help your organization gain a broad perspective of its policies, programs, and procedures relevant to ethnic and cultural concerns. The findings will suggest actions your organization may wish to take to improve its cultural competence.

**Definition:** Cultural Competence is the awareness and capability of an organization at all levels to value diversity in the delivery of care to all populations served. It is the willingness to integrate cultural attitudes, beliefs, and practices into administrative policies as well as diagnostic and treatment methods.

Cultural Competence is also the continued promotion of staff diversity as well as skills and training to ensure that services are culturally appropriate.

## HOW TO CONDUCT THE SELF-ASSESSMENT

### *A. Create an assessment team of stakeholders*

Ultimately, quite a number of people will be involved in the process because you will want to scan the breadth and depth of the organization. However, the assessment should be led by a small committee that represents certain key functions or departments. A typical assessment team consists of 8 to 12 people.

The assessment team should be comprised of individuals who can access and interpret data addressing the composition of the patient and staff population. Team members may come from finance, disease management, pharmacy, utilization management, patient services, human resources, information systems, provider services, health education, quality management, marketing, claims or other administrative departments. Additionally, there should be individuals whose jobs are directly concerned with ethnic/cultural issues, i.e. cultural and linguistic specialists, diversity coordinators, translators/interpreters, social workers, and community relations. Different clinical disciplines should also be represented including: physicians, nurses, and therapists. The team may benefit by inviting patients or representatives of your community. The team itself should also reflect ethnic/cultural diversity.

### *B. Select an assessment team leader*

Deciding who serves as leader of the assessment team is an important decision. The leader should be an individual who is well-positioned within the organization; who has access to people at all levels and information from all sources. The leader must be credible, respected, and generally regarded as sensitive to diversity issues. Equally important is the explicit support for this initiative from the Chief Executive Officer (CEO) and other prominent leaders. They can demonstrate such support through written and verbal communication, as well as by devoting time and other resources needed to conduct the assessment.

## STEPS IN THE SELF-ASSESSMENT PROCESS

There are generally five steps in the self-assessment. However, organizations will vary the time spent or depth of inquiry at various stages of the process.

### Step 1 *Organization*

- a. The CEO appoints the team leader and assessment team.
- b. CEO and other organizational leaders affirm the assessment team's charter.
- c. The assessment team develops a timeline for the entire project.
- d. Individual assessment team members take assignments.

### Step 2 *Completing the Questionnaire*

- a. Assessment team members determine who is best able to complete each section of the questionnaire and take responsibility for its completion.
- b. Assessment team members discuss what supplementary materials may support the information provided in the questionnaire (e.g. patient information pamphlets) and take responsibility for obtaining them. Phone, fax, and/or mail can be used to exchange documents and information.

### Step 3 *Interviews*

- a. The assessment team reviews and discusses findings from the questionnaire. Based on those results, the assessment team determines what individual or group interviews should be conducted to further explore issues identified in the questionnaire or to clarify areas that are ambiguous.
- b. Members of the assessment team decide who will complete each of the interviews.
- c. (Possible interview subjects and exploratory questions are suggested on page 6.)

### Step 4 *Evaluation of Results*

- a. The assessment team reviews the data from the questionnaire and the interviews.
- b. Drawing on the data and analyses, the assessment team decides where the organization fits along the "spectrum of cultural competence."

### Step 5 *Report and Action*

- a. Depending on the charge given the team in Step 1, the assessment team discusses findings with multiple audiences. These findings are often offered in a written report to the CEO or a Board committee.
- b. In addition to a self-assessment of overall cultural competence, the report will likely include a work plan with specific recommendations for actions to be taken and will identify those accountable for taking these actions.

## HOW LONG DOES THE SELF-ASSESSMENT TAKE?

Depending on the availability of data and the complexity of the organization, the entire self-assessment can be completed in three to six weeks. Completing the questionnaire and conducting the interviews can be simultaneous if desired.

## THE INTERVIEWS

There is no magic number of interviews, but individuals from each of the following groups should contribute:

Board of Trustees	Community Relations Staff	<b>Optional:</b>
Administration	Public Relations Staff	Social Workers
Community Leaders	Patient Advocates	Urgent Care Staff
Patients		Diversity Trainers
Translators/Interpreters		Dieticians
Nurses		Maintenance/Housekeeping Staff
Physicians		Support Staff

## CONFIDENTIALITY

Before the interviews are scheduled, the CEO should issue a general announcement about the assessment, its purpose, and what the organization will do with the results. Members of the committee should contact the interviewees, emphasizing that *each interview is confidential* and that *results will be shared only in aggregate form*. The interview will generally last 15 to 45 minutes, and participants should be encouraged to bring along relevant data, materials, etc. Invite them to show you materials such as patient information pamphlets, translated newsletters, etc.

In general, the interviews should elicit information about those policies and practices that impact ethnic/cultural competence. They should identify both support and barriers to ethnic/cultural competence. Additionally, they provide the opportunity to learn about individuals' opinions and attitudes about this subject and to explore related areas that may not be covered in the questionnaire. Interview questions are suggested on page 33. You will want to add or delete some based on your particular findings and interests.

## HOW THE QUESTIONNAIRE IS ORGANIZED

The questionnaire is divided into three sections, each with distinct features.

**Questions in Section 1** relate to the ethnic/cultural characteristics of the staff and organization. There are two sub-sections covering the following: (a) board, staff, and patient/community profiles; and (b) healthcare organizational recognition of diversity needs.

**Questions in Section 2** relate to healthcare organizational approaches to accommodate diversity needs and attributes. There are two sub-sections covering the following areas: (a) diversity training; (b) human resource programs.

**Questions in Section 3** are dedicated to healthcare organizational links to the communities you serve, as well as patient and staff diversity initiatives. This section is divided into five parts: (a) healthcare organizational links to community; (b) organizational adaptation to diversity; (c) database systems and

data development; (d) language and communication needs of patients and staff; and (e) business strategies attracting patients from diverse cultures.

## **USING THE RESULTS**

This self-assessment will help an organization evaluate where it sits within a "spectrum of cultural competence." However, it is important that the assessment team completing this assessment not view it as a quiz with a set of perfect answers. It is, rather, an opportunity to consider candidly the extent to which the healthcare organization is meeting the needs of diverse populations, both patients and those in the work force. The findings will, in themselves, suggest actions an organization may take to improve its cross-cultural competence. The results of this internal review will help the healthcare organization gain a broad perspective of its policies, programs and procedures relevant to ethnic and cultural concerns. Please refer to the accompanying scoring guide for data analysis and interpretation.

# CULTURAL COMPETENCE PROTOCOL

## SELF-ASSESSMENT

### PART 1: ETHNIC/CULTURAL CHARACTERISTICS

This section contains general questions on the characteristics of your staff and the community health center. Questions relate to two broad areas: **staff profiles** and **community health center recognition of diversity needs**.

**PART 1A:** BOARD, STAFF AND PATIENT PROFILES (*Note: Your community health center may create additional ethnic/cultural categories, we have one “other” category that can be expanded*)

1. Ethnic and Cultural Characteristics – For each of the ethnic/cultural groups, please provide actual percentages, estimates or ranges. Base all responses on the past fiscal or calendar year. Please indicate whether (1) fiscal year: from \_\_\_\_\_ to \_\_\_\_\_, or (2) calendar year: from \_\_\_\_\_ to \_\_\_\_\_.

	Executive Board Members	Administration Management	Center/Support Staff
<b>African-American*</b>			
<b>American Indian/Eskimo/Aleut</b>			
<b>Asian/Pacific Islander</b>			
<b>European-American</b>			
<b>Hispanic/Latino</b>			
<b>Other (specify)</b>			
<b>Total 100%</b>			

\* Includes persons of Caribbean descent and Non-Hispanic

Does the organization conduct periodic assessments of community and/or patient needs at least every 5 years?

- Yes**  
 **No**

2. To what degree does your executive committee/ board members reflect the ethnic/cultural characteristics of your patients?

**1**                      **2**                      **3**                      **4**                      **5**  
**not at all**                      **somewhat**                      **almost a perfect match**



3. Has the administration identified ethnic/cultural competence as an organizational concern?

Yes

No

4. In what ways has the administration identified ethnic/cultural competence as an organizational concern?

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5. Has the board/administration adopted a mission or goals statement that explicitly incorporates a commitment to cultural diversity?

Yes

No

6. To what degree does this statement reflect the current issues and concerns of the organization?

**1**                      **2**                      **3**                      **4**                      **5**  
**not at all**                      **somewhat**                      **completely**

7. What year was this done? Please attach the mission statement, or type in sections that address this.

Year \_\_\_\_\_

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**PART 1B: COMMUNITY HEALTH CENTER ORGANIZATIONAL RECOGNITION OF DIVERSITY NEEDS**

8. What are the major organizational characteristics that inhibit ethnic and cultural understanding among staff, patients, and providers? Attach extra sheets if necessary.

	<b>Administration/Support Staff</b>	<b>Patients</b>	<b>Providers-Physicians, Nurses</b>
<b>Characteristic #1</b>			
<b>Characteristic #2</b>			
<b>Characteristic #3</b>			

**For example:**                      *Facilities are spread across broad geography*                      *Communication difficulties for non-English speaking*                      *Signage and communication problems*

*patients*

9. To what degree are there strategies in place to recruit/retain a culturally diverse management/administration?

**1**                      **2**                      **3**                      **4**                      **5**  
**not at all**                      **somewhat**                      **high**

10. To what degree are there strategies in place to recruit/retain a culturally diverse non-clinical staff with patient contact?

**1**                      **2**                      **3**                      **4**                      **5**  
**not at all**                      **somewhat**                      **high**

11. What are these strategies?

	Management/Administration	Non-Clinical staff with patient contact
<b>Strategy #1</b>		
<b>Strategy #2</b>		
<b>Strategy #3</b>		

**For example:**                      *Minority search firm*                      *Mentoring*

12. Overall, to what degree does the community health center accommodate needs and preferences of ethnic and cultural staff?

**1**                      **2**                      **3**                      **4**                      **5**  
**not at all**                      **somewhat**                      **completely**

13. An organization can identify several ways to increase cultural competence. Below are potential initiatives and areas in which organizations address diversity. To what extent has your community health center identified these and other areas? Please use the following scale in responding.

**1**                      **2**                      **3**                      **4**                      **5**  
**not at all**                      **somewhat**                      **great extent**

- (a) Establishing measures for attracting and retaining minority & female staff \_\_\_\_\_
- (b) Designing culturally and linguistically appropriate interventions to improve outcomes related to low birth weight, prenatal care utilization, immunization rates, mammography, CHF, etc. \_\_\_\_\_
- (c) Cultural awareness/participation is a component of program and material development. e.g., health education, marketing. \_\_\_\_\_
- (d) Soliciting advice from patients (e.g. focus group), advisory board, reflective of the center's ethnic membership, in developing programs, \_\_\_\_\_

models, guidelines, and training materials. \_\_\_\_\_

(e) The center has a long-term commitment to achieving cultural competence. \_\_\_\_\_

(f) The center includes health disparities as a component of disease management initiatives. \_\_\_\_\_

(g) Annual report or publication of organization's efforts to provide culturally and linguistically appropriate services. \_\_\_\_\_

(h) Offering complementary or alternative healing practices to patients

- acupuncture
- chiropractic
- herbal therapies
- homeopathy
- stress management
- bio feedback

(i) Other (please specify) \_\_\_\_\_

## **PART 2: COMMUNITY HEALTH CENTER APPROACHES TO ACCOMODATING DIVERSITY NEEDS AND ATTRIBUTES**

This section contains questions on how your community health center addresses diversity needs. Questions relate to diversity training and human resource programs.

### **PART 2A: DIVERSITY TRAINING**

14A. Do the **network providers** for your community health centers' patients receive education in:

*(If the answer is yes, please rate on a scale of 1-5 the effectiveness of this program or action in meeting staff diversity needs.)*

(a) Cultural beliefs, values, and behaviors  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(b) Adherence to treatment regimens (e.g. dietary requirements)  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(c) Integration with patient-preference for alternative therapies  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(d) Gender roles (including sexual orientation)  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(e) Definitions and discussions of relevant concepts, diversity, culture, race, ethnicity  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(f) Laws and regulations against discrimination  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(g) Organizational policies, plan, protocols regarding culturally and linguistically appropriate services  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective\</b>		<b>extremely</b>

(h) Health disparities  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(i) Treatment and medication response  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(j) End of life issues  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(k) Other (please specify)

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Which of the following racial groups are addressed in the cultural competence or diversity training?

- Hispanic
- Black/African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian
- White
- Other (Please specify) \_\_\_\_\_

14B. Does the community health center's **administrative staff** receive education regarding ethnic/cultural diversity?

*If the answer is yes, please rate on a scale of 1-5 the effectiveness of this program or action in meeting staff diversity needs.*

(a) Cultural beliefs, values and behaviors  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(b) Adherence to treatment regimens (e.g. dietary requirements)  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(c) Integration with patient-preference for alternative therapies  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(d) Gender roles (including sexual orientation)  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat</b>		<b>extremely</b>

**effective**

(e) Definitions and discussions of relevant concepts  
(diversity, culture, race ethnicity)  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(f) Laws and regulations against discrimination  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(g) Organizational policies, plan, and protocols regarding culturally and linguistically appropriate services  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(h) Health disparities  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(i) Treatment and medication response  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(j) End of life issues  Yes  No

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not at all</b>		<b>somewhat effective</b>		<b>extremely</b>

(k) Other (please specify)  Yes  No

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15. What are the methods used to educate **network providers** and **administrative staff**?

<b>Network Providers</b>			<b>Administrative Provider/Staff</b>		
	<b>Yes/No</b>	<b>Was an Evaluation Tool Used?</b>		<b>Yes/No</b>	<b>Was an Evaluation Tool Used?</b>
<b>Orientation</b>			<b>Orientation</b>		
<b>Provider Handbooks</b>			<b>Provider Handbooks</b>		
<b>Formal CC Training</b>			<b>Formal CC Training</b>		
<b>Modules for Provider/Patient Communication</b>			<b>Modules for Provider/Patient Communication</b>		
<b>Workshops on Specific CC Issues</b>			<b>Workshops on Specific CC Issues</b>		
<b>Internet-Based Training</b>			<b>Internet-Based Training</b>		
<b>Added as a Component of Current Provider Education Programs</b>			<b>Added as a Component of Current Provider Education Programs</b>		
<b>Monographs</b>			<b>Monographs</b>		
<b>Videos</b>			<b>Videos</b>		
<b>Provider Newsletter Articles</b>			<b>Provider Newsletter Articles</b>		
<b>Other</b>			<b>Other</b>		

16. Is the training mandatory or voluntary? Please check appropriate box.

	<b>Mandatory</b>	<b>Voluntary</b>	<b>If Voluntary, what is Compliance rate (percent)</b>
<b>All network providers/staff</b>			
<b>All but physicians</b>			
<b>Administration Management</b>			
<b>Administration Support Staff</b>			
<b>Administration Volunteers, per diem, part time, interns</b>			
<b>Other (please specify)</b>			

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17. What benefits to providing cultural competency or diversity training for your staff has your organization experienced?

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18. What challenges to providing cultural competency or diversity training for your staff has your organization experienced?

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**PART 2B: HUMAN RESOURCE PROGRAMS**

19. Does your community health center have the following programs?

- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| (a) Career development activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Technical training            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Management development        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Other (please specify)        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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20. If yes to any of the above (Q19), for which staff? \_\_\_\_\_

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21. Do you have the following activities available?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Mentoring  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Tuition reimbursement                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Personal counseling/employee assistance programs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Other (please specify)                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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22. If yes to any of the above (Q21), how effective are those programs identified in Q21 in contributing to organizational goals for ethnic/cultural (i.e. non-white) staff, and to what extent do they participate?

**1**                      **2**                      **3**                      **4**                      **5**  
**not at all**                      **somewhat**                      **completely**

	Effectiveness	Percent Staff Participation
<b>Mentoring</b>		
<b>Tuition Reimbursement</b>		
<b>Personal Counseling</b>		
<b>Employee Assistance</b>		
<b>Other (please specify)</b>		
_____		
_____		

23. With regard to ethnic/cultural (i.e. non-white) staff at your center, what trends have you observed in the past two years?

- |  | increasing               | the same                 | decreasing               | unknown                  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) Discrimination or grievances are:        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Retention of ethnic/cultural staff is:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Promotions of ethnic/cultural staff are: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Turnover of ethnic/cultural staff is:    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. Are there human resource policies and procedures in place to address concerns or complaints concerning unfair treatment in the area of ethnic/cultural issues?

- Yes**  
 **No**

25. What are these human resource policies and procedures, and how effective (*by qualitative or quantitative measures*) are they?

**1**                      **2**                      **3**                      **4**                      **5**  
**not at all**                      **somewhat**                      **extremely**  
**effective**

**Please attach policies and procedures if more space is required.**

	Description	Effectiveness
Policy and procedure #1		
Policy and procedure #2		
Policy and procedure #3		

26. Has the organization developed a special office or function to address ethnic/cultural diversity; for instance an *Office of Diversity*?

**Yes**

**No**

27. Provide a list of principal duties or attach the department overview.

(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_

28. Please identify (a) where the responsibilities reside; and (b) the position title.

(a) \_\_\_\_\_

(b) \_\_\_\_\_

29. Are there marketing initiatives to identify, select and retain minority staff involved with patient contact (*e.g. patient services, clinical services*)?

**Yes**

**No**

30. What are these marketing initiatives? Provide examples. (*For instance, are there specific goals to recruit Asian speaking staff to strengthen the ability to reach Asian mothers?*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Is there specific financial support for cultural diversity activities or programs?

**Yes**

**No**

32. This question is in three parts. Please provide responses in the table below.

(a) How much money has been allocated to the following key areas of cultural diversity activities or programs? Please provide dollar estimates in column titled, '*Allocation*'.

(b) How beneficial have these programs been in achieving related objectives? In column titled, '*Benefits*', please indicate whether they have been.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>not beneficial</b>		<b>somewhat beneficial</b>		<b>extremely</b>

Don't Know

Please base your responses on past fiscal or calendar year.

	Allocation	Benefits
<b>Staff</b>		
<b>Staff/Provider Training</b>		
<b>Materials/Resources</b>		
<b>Community Based Outreach (Clinical Programs)</b>		
<b>Community Education Programs</b>		
<b>Other</b> (please specify) _____ _____		

33. If the allocation has changed over the past fiscal or calendar year, by what percentage has it changed? Indicate whether change has been positive (+) or negative (-).

	Change in Allocation
<b>Staff</b>	
<b>Staff Training</b>	
<b>Materials/Resources</b>	
<b>Community Based Outreach (Clinical Programs)</b>	
<b>Community Education Programs</b>	
<b>Other</b> (please specify) _____ _____	

### **PART 3: COMMUNITY HEALTH CENTER LINKS TO PATIENTS**

Questions in this section are dedicated to community health center links to the patients served as well as patient staff diversity initiatives. This section is divided into five parts: **(a)** healthcare organizational links to patient communities; **(b)** organizational adaptation to diversity; **(c)** database systems and data development; **(d)** language and communication needs of patients and staff; and **(e)** business strategies attracting patients from diverse cultures.

#### **PART 3A: COMMUNITY HEALTH CENTER LINKS TO COMMUNITY**

Questions in this section address your community health center’s relationships with the communities of your patients and their effectiveness.



Please identify **Churches** with which you have links.

	<b>Activities</b>	<b>Effectiveness</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		

Please identify **Schools** with which you have links.

	<b>Activities</b>	<b>Effectiveness</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		

Please identify **Business Groups** with which you have links.

	<b>Activities</b>	<b>Effectiveness</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		

Please identify **Community Advisory Groups** with which you have links.

	<b>Activities</b>	<b>Effectiveness</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		

35. How closely does your community health center collaborate with these external resources in accomplishing diversity objectives for each of the aforementioned organization or groups?

1                      2                      3                      4                      5  
 not much                      somewhat                      a lot

	Degree of Collaboration*
<b>Community Advocacy Groups</b>	
<b>Local/State Provider Associations</b>	
<b>Ethnic/Cultural Newspapers</b>	
<b>Churches</b>	
<b>Schools</b>	
<b>Business Groups</b>	

\* Please use the 1 –5 scale

36. Does your community health center:

- (a) **Provide an ombudsman office to assist ethnic/cultural populations?**  Yes  No  
 If yes, how long have you had this activity? \_\_\_\_\_ (in years)  
 If no, do you have plans to undertake this activity?  Yes  No
- (b) **Involve the community in planning/evaluating functions?**  Yes  No  
 If yes, how long have you had this activity? \_\_\_\_\_ (in years)  
 If no, do you have plans to undertake this activity?  Yes  No
- (c) **Encourage staff to participate in community meetings?**  Yes  No  
 If yes, how long have you had this activity? \_\_\_\_\_ (in years)  
 If no, do you have plans to undertake this activity?  Yes  No
- (d) **Select patient advocates for their ethnic/cultural diversity?**  Yes  No  
 If yes, how long have you had this activity? \_\_\_\_\_ (in years)  
 If no, do you have plans to undertake this activity?  Yes  No
- (e) **Offer Community Based educational programs that target health beliefs/needs of specific ethnic/cultural population?**  Yes  No  
 If yes, how long have you had this activity? \_\_\_\_\_ (in years)  
 If no, do you have plans to undertake this activity?  Yes  No
- (f) **Establish or contribute to community support groups for certain ethnic/cultural populations?**  Yes  No  
 If yes, how long have you had this activity? \_\_\_\_\_ (in years)  
 If no, do you have plans to undertake this activity?  Yes  No
- (g) **Other** (please specify) \_\_\_\_\_  Yes  No  
 If yes, how long have you had this activity? \_\_\_\_\_ (in years)  
 If no, do you have plans to undertake this activity?  Yes  No

37. Has your community health center collaborated with minority businesses to provide health promotion services to their communities?

- Yes
- No

38. How long have you had this collaborative program? \_\_\_\_\_ (in years)

39. Do you have plans to undertake this activity?

- Yes
- No

40. Does your community health center explicitly seek contract arrangements with ethnic/cultural vendors/purchasers in your community?

- Yes
- No

If yes, please give examples.

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41. How long have you had this initiative or program? \_\_\_\_\_ (in years)

42. Do you have plans to undertake this activity?

- Yes
- No

**PART 3B: ORGANIZATIONAL ADAPTATION TO DIVERSITY**

43. Do you have an organized way to collect data on the ethnic/cultural characteristics of patients?

- Yes
- No

44. Is the database or information system used to identify the special needs of the ethnic/cultural patients in the following areas?

- (a) Interpreter Services  Yes  No
  - (b) Preferred language for written materials  Yes  No
  - (c) Primary spoken language  Yes  No
  - (d) Other (please specify)  Yes  No
-

In your organizational data systems, can patient demographic information (race/ethnicity/language) be linked to other data (patient satisfaction, grievances) how about termination against medical advice?

- Yes
- No

45. How does your community health center determine the ethnic/cultural characteristics of its patients?

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46. How often do you survey patients? \_\_\_\_\_

47. Does your patient satisfaction survey ask questions assessing service satisfaction related to the cultural diversity of your patients (*e.g. language preferences, beliefs*)?

- Yes
- No

48. How many questions addressing these issues are on the patient satisfaction survey? \_\_\_\_\_  
(*please attach copy of survey*)

49. Is the survey available in languages other than English?

- Yes
- No

50. If yes to Q49 above, in what languages is the survey available?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_



51. In addressing the ethnic/cultural needs of patients throughout the continuum of their care; state which of the following the community health center provides and state your opinion on how effective they are in contributing to organizational ethnic/cultural goals.

**1**  
**not at all**

**2**

**3**  
**somewhat**  
**effective**

**4**

**5**  
**extremely**

Use table for response.

	Yes/No	If yes, how well do they work?
<b>A.</b> Member services assistance or other method to assist members with LEP in securing medical appointments		
<b>B.</b> Protocols for addressing ethnic/cultural interpreting needs		
<b>C.</b> Distribute or make available to contracted providers signage that advises patients how to access language/cultural assistance		
<b>D.</b> Accommodations for providing care to patients whose cultural beliefs restrict the type of provider (e.g. male/female)		
<b>E.</b> Availability of dietary consultants who are able to modify a prescribed therapeutic diet regime to meet specific/cultural diets		
<b>F.</b> Assistance for ethnic/cultural populations in discharge planning		
<b>G. Other</b> (please specify) _____ _____		

52. If yes to Q51C above, in what languages are the signs available?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**PART 3C: DATABASE SYSTEMS AND DATA DEVELOPMENT**

53. Does your community health center maintain a computerized database documenting the interpreter services available through your staff? Database refers either to management information system (MIS) or human resources information system (HRIS)

- (a) Interpreter Staff             Yes    No  
(b) Other Staff                  Yes    No

54. Does your database or information system include the characteristics of ethnic/cultural staff; such as rate of turnover, promotions, staff tenure, performance appraisals, training, and absenteeism?

Check yes if one or more of the above apply.

- Yes  
 No

55. Is the database analyzed?

- Yes  
 No

56. Describe the nature of analyses that apply to such data.

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57. Identify initiatives, programs or policies developed based on such analyses.

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**PART 3D: LANGUAGE AND COMMUNICATION NEEDS OF PATIENTS AND STAFF**

58. Does your community health center have written policies that relate to the provision of interpreter/services?

- Yes please describe or attach these policy statements. \_\_\_\_\_  
\_\_\_\_\_
- No

59. Does your organization set and monitor targets or threshold levels for which interpreter services are systematically made available to your patients?

**Yes**

What percentage or number of patients who speak a language other than English is used as the target or minimum threshold for provision of interpreter services in that language?

% \_\_\_\_\_

Number \_\_\_\_\_

No minimum \_\_\_\_\_

**No**

How does your community health center identify patients needing interpretation and translation?  
(check all that apply)

Identification by enrollment application

Identification by surveys

Identification by physicians

Self-identification

Other (please specify) \_\_\_\_\_

What languages, other than English, are the principal languages of your patients and staff?

Language	% Of Patients	% Of Staff

60. Are the facilities your health center works with required to provide interpreter services?

**Yes**

At which of the following key entry points or contact points does your organization provide interpreter service in languages spoken by your patients? (*check all that apply*)

- Patient services
- Nurse advice line
- Information desk/operator
- Walk in clinic services
- Pharmacy services
- Through a Patient Services telephone assistance line
- In contracted provider offices (through AT&T or other provisions)
- In contracted facilities, per protocols established by their contract with your health plan
- Phone services for handling after-hours emergency calls
- Other (please specify) \_\_\_\_\_

**No**

61. How are patients informed about interpreter services? (*check all that apply*)

- Translated inserts in general documents
- Translated-recorded messages on customer service telephone lines
- Translated signage at key points of contact throughout the organization
- Patient newsletter
- Other (please specify) \_\_\_\_\_

What interpreter services are available? (*check all that apply*)

- Face-to-face
- Phone-based
- Internal
- Contracted
- Other (please specify) \_\_\_\_\_

62. Do you track or document the utilization of interpreter services?

**Yes**

Please specify: \_\_\_\_\_

**No**

## STAFF ISSUES

63. Does your community health center have a policy for recruiting bilingual staff?

Yes

No

64. Are interpreters trained in cross-cultural medical language?

Yes

No

65. How are the interpreters trained? (*Check all that apply*)

In-house training

Outside contractors

Which of the following characteristics apply to language interpreters used by your organization?

Certified in medical interpretation

Trained in medical interpretation

Trained in ethics of medical interpretation

Trained in sequential or consecutive interpreting

Demonstrates knowledge of specialized terms or concepts in both languages

Trained in interpreting for LEP patients limited English proficiency

66. Is the training evaluated with pre and post skills testing?

Yes

No

67. Are interpreters and other staff trained to understand and respond to ethnic or cultural traditions (*e.g. death/dying rituals, involvement of family, dietary preferences, etc.*)?

Yes

No

68. How does your community health center assess the quality of these services?

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69. Are interpreters who are employed by or contracted with the community health center required to have proficiency testing for medical translations?

Yes

No

70. Are medical staff and bilingual staff (*non-medical*) given any training in communicating with ethnic/cultural minority patients?

Yes

No

## EDUCATIONAL

71. What types of activities are used to develop written materials in languages other than English? Please attach a copy of the policy and procedure related to this.

Which of the following characteristics pertain to written materials available to patients.  
(check all that apply)

- Graphics and depictions reflect the racial and ethnic diversity of the populations served
- Graphics and depictions reflect other forms of diversity reflected in the populations served (age, gender, functional ability)
- Graphics and depictions are free from generalizations and stereotypes based on race, ethnicity, gender, age, religion, sexual orientation, income and disability.
- Content is geared to persons of varying reading levels
- Readability testing is performed on written materials to ensure that the content is geared to average reading level of the target audience
- Comprehension testing is performed on written materials for LEP see note embers

72. How does your community health center acquire translated materials? (check all that apply)

- Translated by center staff or
- Translations by person hired by contract
- Translations purchased from professional translator
- Translated material secured from another community health center
- Translated material secured from other (non-community health center) agency or organization
- Other (please specify) \_\_\_\_\_

73. What materials are translated into other languages? (check all that apply)

### For Patients:

- Evidence of coverage
- Patient rights and responsibilities
- Patient satisfaction survey
- Marketing/Advertisements
- Billing information
- Appeal and grievances procedures
- Community health center membership card
- Patient education materials (provider directories, newsletters, etc.)
- One page summary of benefits and enrollment form

### For Staff:

- Employee handbook
- Employee newsletters
- Employment application

74. Does your community health center provide interpreter services for: (*check all that apply*)

- Hearing impaired patients
- Gay/lesbian patients
- Physically disabled
- Mentally disabled?

**PART 3E: BUSINESS STRATEGIES ATTRACTING PATIENTS FROM DIVERSE CULTURES**

75. Are you undertaking special initiatives to target patients and expand services to ethnic/cultural populations in the following areas:

(a) **Marketing:**

(a1) Advertising, (e.g. newspapers, community fliers, churches, etc.)?  **Yes**  **No**

If yes, how long have you had this initiative? \_\_\_\_\_ (*in years*)

If no, do you have plans to undertake such an initiative?  **Yes**  **No**

(a2) Recruitment drives in ethnic/cultural neighborhoods?  **Yes**  **No**

If yes, how long have you had this initiative? \_\_\_\_\_ (*in years*)

If no, do you have plans to undertake such an initiative?  **Yes**  **No**

(a3) Meetings with ethnic/cultural community organizations?  **Yes**  **No**

If yes, how long have you had this initiative? \_\_\_\_\_ (*in years*)

If no, do you have plans to undertake such an initiative?  **Yes**  **No**

(a4) Meetings with ethnic/cultural business groups, (excluding open enrollment)?  **Yes**  **No**

If yes, how long have you had this initiative? \_\_\_\_\_ (*in years*)

If no, do you have plans to undertake such an initiative?  **Yes**  **No**

(a5) Other (please specify) \_\_\_\_\_  **Yes**  **No**

If yes, how long have you had this initiative? \_\_\_\_\_ (*in years*)

If no, do you have plans to undertake such an initiative?  **Yes**  **No**

(b) **Services:**

(b1) Developing services in ethnic/cultural communities?  **Yes**  **No**

If yes, how long have you had this initiative? \_\_\_\_\_ (*in years*)

If no, do you have plans to undertake such an initiative?  **Yes**  **No**

(b2) Expanding services in ethnic/cultural communities?  **Yes**  **No**

If yes, how long have you had this initiative? \_\_\_\_\_ (*in years*)

If no, do you have plans to undertake such an initiative?  **Yes**  **No**

(b3) Developing special ethnic/cultural related health programs, such as hypertension education in Hispanic communities?  **Yes**  **No**

If yes, how long have you had this initiative? \_\_\_\_\_ (*in years*)

If no, do you have plans to undertake such an initiative?  **Yes**  **No**

(b4) Monitor outcomes regarding ethnic/cultural minorities  **Yes**  **No**

If yes, how long have you had this initiative? \_\_\_\_\_ (*in years*)

If no, do you have plans to undertake such an initiative?  **Yes**  **No**

(b5) Other (*please specify*) \_\_\_\_\_  **Yes**  **No**

If yes, how long have you had this initiative? \_\_\_\_\_ (*in years*)

If no, do you have plans to undertake such an initiative?  Yes  No

76. Do you have written policies for reviewing and assessing ethnic/cultural patient needs?

Yes

No

77. Please describe or attach these policies and procedures for reviewing and assessing ethnic/cultural patient needs; *e.g. ombudsman, cross-organizational team.*

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78. Do these policies and procedures address all of your ethnic/cultural patient groups that have threshold numbers of patients?

Yes

No

79. What groups are omitted?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

80. What groups are included?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

81. How does your organization incorporate ethnic/cultural minority patient issues into Quality Improvement efforts?

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## MEDICAL GROUP

82. **Medical Groups:** *(check all that apply)*

- Scheduled days and hours of operation other than usual 8-5 range
- Culturally friendly physical environment with interior design, pictures, posters, and artwork throughout of diverse populations engaged in meaningful activity
- Facilities specifically intended to accommodate groups of diverse religious faiths
- Signage and directions translated and available in the predominate languages of the service population
- Signage in Braille at critical points of service for the blind
- Print materials prepared in larger fonts for older and visually impaired audiences
- Use of language identification cards to identify the language spoken by patients
- Handicapped access to all key entryways. Exits, and service areas
- Services for the hearing impaired, including phones
- None of the above

Do you have employed medical interpreters?  **Yes**  **No**

If yes, please provide the best estimate of how many employed medical interpreters are available to provide language assistance to patients: \_\_\_\_\_

83. Does your organization have a formal plan for measuring and improving the quality of culturally and linguistically appropriate services provided to patients?

- Yes**
- No**

84. Which of the following activities are employed to monitor and improve the quality of culturally and linguistically appropriate services? *(check all that apply)*

- Collection, review and analysis of quality outcomes data
- Patient satisfaction surveys
- Reviews of disenrollment
- Grievance and complaint tracking
- Chart reviews and assessments
- Patient focus groups
- Other \_\_\_\_\_

85. In which of the following ways are data from various QI studies and surveys used? *(check all that apply)*

- Identify and address health care differences in race, ethnicity, gender, and other demographic variables
- Set benchmarks, targets or goals
- Set priorities for health education and health promotion programs
- Other \_\_\_\_\_

## OPTIONAL SUPPLEMENTAL INTERVIEW QUESTIONS

### SUGGESTED QUESTIONS FOR INTERVIEWS\*

The following are questions that might be posed to individuals both within and external to the organization who are interviewed as part of the self-assessment process.

The purpose of the interview is to add the dimension of personal experience to the information gleaned from the questionnaire and to identify unexplored areas. While many of these questions are covered in the questionnaire, additional insights will be obtained as the interviewees address these questions in terms of their experience and the context of their jobs.

Along with data reported in the questionnaire, these answers will help your organization assess its overall cultural competence and identify steps for action. These questions may be supplemented by others suggested by the committee. Also, interviewees may wish to discuss other aspects of diversity and/or share written materials with you.

**SUGGESTED INTERVIEW QUESTIONS** (select those questions which you feel add value to the information you have gathered in the Organization Assessment Tool)

1. When you hear the term "cultural competence," what comes to mind?
2. What are the most challenging priorities of the multi-ethnic and cultural nature of the healthcare organization?
3. What are the major organizational obstacles (policies, organizational characteristics) inhibiting ethnic and cultural understanding among staff, patients, providers, etc.? What are the major organizational characteristics that enhance the multi-ethnic and cultural nature of the healthcare organization?
4. As the healthcare organization has attempted to meet the needs of ethnic and cultural diversity, what issues have arisen (need for resources, conflict, etc.)?
5. What mechanisms, if any, are in place that promote communication among different levels and departments of the healthcare organization in regard to issues of cultural competence?
6. What has the healthcare organization done to provide the best care for the multi-ethnic and cultural patient population (e.g. educating providers in regard to different ethnic/cultural beliefs and practices; use of specific services -- interpreters, community liaisons, etc.)?
7. In what ways have you addressed the ethnic and cultural needs of patients as they receive care throughout the continuum (home health, social services, etc.)?
8. What services, programs, etc. are available to staff regarding ethnic/cultural-related issues?
9. In what ways are providers trained and helped to deal with ethnic and cultural issues (e.g. trained to recognize diseases common in certain populations, mechanisms and protocols by which providers can request assistance in dealing with ethnic/cultural patient issues and needs)?
10. What relationships does the healthcare organization have with particular community groups and how have these relationships affected the ethnic/cultural competency effort (community businesses under contract, initiatives with neighborhood health centers, etc.)?

11. What community outreach actions have been taken by the healthcare organization (e.g. health education programs, materials and forums for various ethnic/cultural groups, community support for patients of various ethnic/cultural backgrounds)?
12. In what ways are ethnic and cultural differences recognized throughout the healthcare organization (e.g. celebration of certain days, programs focused on specific health needs of a particular group)?
13. What, if any, ethnic/cultural professional programs are there to develop, as well as attract staff? Are internships targeted toward ethnic professionals? Mentoring programs? What are the challenges in developing and delivering these programs?
14. What government guidelines or regulations guide or influence your programs and initiatives regarding ethnic/cultural diversity and cultural competence?
15. What are the greatest strengths and the biggest concerns of the healthcare organization in regard to the delivery of care to and interactions with the multi-ethnic/cultural populations of its community?
16. What have you seen or would you like to see in terms of actual effects of ethnic/cultural initiatives on the work environment and on patient care?
17. What are your concerns about any of the ethnic/cultural activities undertaken by your organization?

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\*(Acknowledgment is given to Deborah Dwork, Employee Relations Director, Beth Israel Deaconess Healthcare organization, Boston, MA, who developed many of the above questions for use in its self-assessment.)

# Appendix I

## Cultural Competency Protocol Codebook

### SPECTRUM OF COMPETENCE

#### **Stage 0: Inaction**

During this Stage, virtually no activity, organized approach or conscious intent to address cross-cultural competence exists. While CEO and management may be aware or recognize it as important, leadership or involvement in promoting related initiatives is essentially non-existent. Staff and patients generally are left to fend for themselves.

#### **Stage 1: Symbolic Action and Initial Organization**

During Stage 1, healthcare organizations have taken some action to recognize diversity within their staff, their patient population and community. There is a feeling, at least among staff and some in management, that diversity is an important issue, that the healthcare organization may face problems associated with cross-cultural competence, and that some action must be taken to address it.

At this Stage, the healthcare organization may have given recognition to staff, standing committees may have been instructed to address cultural diversity, and new committees may have been formed that specifically address this issue for patients and/or staff. However, relatively little formal movement and direction would have taken place. Funding commitment may be minimal and patient related initiatives on cross-cultural competence would tend to be ad hoc.

#### **Stage 2: Formalized Action**

A healthcare organization at Stage 2 has consciously recognized the need to address diversity and has developed formalized efforts in cross-cultural issues. Management/administration, at least to some important extent, are involved if not actively participating or leading in these efforts. The healthcare organization has made some financial commitment.

Healthcare organizations at this stage tend to have *internalized* much of the action and commitment on cultural diversity, for example, through workforce diversity training sessions and seminars. Some may feel that they “*have to get their own house in order*” before going beyond the management and staffing issues. Measures of progress and related processes, actions or activities may be more conceptualized in place.

#### **Stage 3: Internal and External Cultural Diversity Initiatives**

Healthcare organizations at Stage 3 have made a commitment to staff and undertake formal diversity initiatives both within the organization (i.e. workforce and management) and for health care services to diverse populations and communities. Plans have been developed and actions have been taken to advance these diversity staffing/management and patient issues. That is, there are organized patient and staff programs related to diversity and competency. Administration is at least cognizant and committed to diversity. These programs’ efforts tend to operate distinctly from each other, however, with little coordination. Measurement of related effects is initiated but not well developed.

## Stage 4: The Cultural Diversity Learning Organization

The cultural diversity learning organization has synthesized critical elements into its planning, execution and review processes. Cultural diversity becomes part of orientation and training for staff (medical and non-medical) at all levels. Diversity activities are seen as an integral part of the healthcare organization. Diverse communities are incorporated into planning and decision making at all organizational levels, while the organization also reaches out to the community to educate, inform and to receive feedback. Process and outcome measures of diversity initiatives' effects are planned and put in place.

### PROTOCOL FORMAT

There are three (3) broad parts with ten (10) subparts in the protocol. Each section has distinct features.

1) Ethnic/Cultural Characteristics – contains the following 2 subsections:

**Part 1A** – *Board, Staff and Patient/Community Profiles*.....7 questions

**Part 1B** – *Healthcare Organizational Reorganization of Diversity Needs*...7 questions

2) Healthcare Organizational Approaches to Accommodating Diversity Needs and Attributes – contains the following 3 subsections:

**Part 2A** – *Diversity Training* .....5 questions

**Part 2B** – *Human Resources Programs*.....15 questions

**Part 3C** – *Union Presence*..... 5 questions

3) Healthcare Organizational Links to Patients and the Communities You Serve – contains the following subsections:

**Part 3A** – *Healthcare Organizational Links to Community*.....10 questions

**Part 3B** – *Organizational Adaptation to Diversity*.....12 questions

**Part 3C** – *Database Systems and Data Development*.....5 questions

**Part 3D** – *Language and Communication Needs*.....48 questions

**Part 3E** – *Business Strategies Attracting Patients from Diverse Cultures*...8 questions

## SCORING

To determine the competency level of your healthcare organization along the spectrum, please follow the scoring guidelines below. There are 3 types of items in the protocol: closed-ended questions, open-ended questions and tables. Several questions also have subparts.

There are skip patterns in the protocol. As such, the number of questions scored may be less than actual number of questions in any subsection.

### Closed-ended questions

A) Likert items:

- Responses 4 and 5 (and in very few cases, 6) are scored as affirmative or ('1')
- Response 3 are scored as partial credit or (.5').
- Responses 1 and 2 are scored as zero ('0') or negative.
  - For example for Q3, responses 1, 2 are scored as ('0').
  - Response 3 is scored as (.5').
    1. Responses 4 and 5 are scored as ('1').

B) Dichotomous items:

- Positive (yes) responses are scored as ('1') and negative responses are scored as zero ('0').

C) Several questions have subparts:

- For these questions, the overall score for the question is affirmative ('1') if the majority of subparts are affirmative. The overall score for the question is zero ('0') if the majority of subparts are negative.
  - For example for Q12, if assessment team responds in the affirmative to 2 of the 3 questions, then the overall score for that question is '1':
    1. The 'Other' category is not scored if not filled in.
    2. The 'Other' category is treated as closed-ended question if response categories are available.

### Open-ended questions

A) Score completed open-ended questions as affirmative ('1').

- Open-ended questions that are not completed are scored as zero ('0'). There are several open-ended questions (Q4, Q7, Q21, etc.).

B) Several questions have 'Other' as a subpart or category to be filled in by the assessment team.

- If not filled in, it is not scored.
- The 'Other' category is treated as open-ended if response categories are not available

## **Tables**

Assessment team must decide whether or not row headings are applicable for some tables. Based on this determination, the number of applicable calls may be reduced. For instance, for Q1, in communities where there are very few African-Americans or American Indians, assessment team may decide to discount table cells for these groups. It is customary to use 10% threshold when determining representation of minority groups in the community.

For tables that do not require closed-ended responses, score overall table as affirmative if, at least, half of the applicable cells are completed. The following questions are in this format: Q1, Q8, Q11, Q34, Q104 and Q107.

For Q17, when training is checked as mandatory, the number of cells in the table is 6.

For tables with columns that require closed-ended responses, overall response for the table is scored as affirmative or ('1') if there is a majority of positive or affirmative responses to applicable cells. Please refer to the "Closed-ended questions" section above for exact coding of closed-ended questions. See Q16, Q23, Q26, Q33, Q40, and Q59.

The 'Other' category (in tables where it is available) is not counted if not filled in.

## **Classification**

For each subsection, if the number of affirmative responses to the closed-ended questions, open-ended questions, and tables is more than the number of negative responses, then your healthcare organization is approaching competency in that area or subsection. For instance, in Part 1A, if the assessment team records 5 positive and completed responses, then your organization's approaching competency in profiling the board, staff and patient/community.

Assessment team is encouraged to select data auditors to assessment and check recorded scores for accuracy.

To aid you in this process, a scoring template is provided below. It is advisable to record scores as soon as you have completed the section.

### **Part 1A – Board, Staff and Patient/Community Profiles**

Positive \_\_\_\_\_  
Negative \_\_\_\_\_

### **Part 1B – Healthcare Organizational Recognition of Diversity Needs**

Positive \_\_\_\_\_  
Negative \_\_\_\_\_

Part 2A – Diversity Training

Positive \_\_\_\_\_  
Negative \_\_\_\_\_

Part 2B – Human Resources Programs

Positive \_\_\_\_\_  
Negative \_\_\_\_\_

Part 2C – Union Presence

Positive \_\_\_\_\_  
Negative \_\_\_\_\_

Part 3A – Healthcare Organizational Links to Community

Positive \_\_\_\_\_  
Negative \_\_\_\_\_

Part 3B – Organizational Adaptation to Diversity

Positive \_\_\_\_\_  
Negative \_\_\_\_\_

Part 3C – Database Systems and Data Development

Positive \_\_\_\_\_  
Negative \_\_\_\_\_

Part3D – Language and Communication Needs

Positive \_\_\_\_\_  
Negative \_\_\_\_\_

Part3E – Business Strategies Attracting Patients from Diverse Cultures

Positive \_\_\_\_\_  
Negative \_\_\_\_\_

***Turn to next page for interpretation of these scores.***



## LEVEL OR STAGE OF COMPETENCY BASED ON SCORES

Your healthcare organization is at **Stage 0** if there are more negative than positive responses to each of the subsections.

Your healthcare organization is at **Stage 1** if there are more positive responses to **at least 1, or at most 3** of the subsections – it does not matter which. Healthcare organizations at **Stage 1** exhibit symbolic action and initial organization

Your healthcare organization is at **Stage 2** if there are more positive responses to **4** of the subsections – it does not matter which. Healthcare organizations at **Stage 2** exhibit some form of formalized internal or external action.

Your healthcare organization is at **Stage 3** if there are more positive responses to **5** of the subsections – it does not matter which. Healthcare organizations at **Stage 3** are approaching advanced organized programs and related actions or activities.

Your healthcare organization is at **Stage 4** if there are more positive responses to **6 or more** of the subsections. Healthcare organizations are at a most advanced stage of cultural diversity activities. Diversity becomes integrated into actions throughout the organization as a way of doing business. Moreover, actions internally (workforce, management), with patients and externally (community) complement each other. The organization creates and reports measures of the impact of service programs, staff/management efforts and community activities, demonstrating progress in meeting health care needs in workforce diversity objectives and in community health priorities/relationships. Cultural diversity becomes part of orientation and training for staff (medical and non medical) at all levels, is related to employee performance requirements, and is documented to demonstrate benefit (attitudinally and job performance). Both staff and community recognize that cultural diversity has become central to the mission and actions of the healthcare organization.

## Appendix II

### Cultural Competence Scoring Table (included in attached spreadsheet)

Table Summary				
Parts		Actual Score/ Maximum Score	Score	Point
<b>Part 1A</b>	Board Staff and Patient/Community Profiles			
<b>Part 1B</b>	Healthcare Organizational Recognition of Diversity Needs			
<b>Part 2A</b>	Diversity Training			
<b>Part 2B</b>	Human Resources Programs			
<b>Part 3A</b>	Healthcare Organizational Links to Community			
<b>Part 3B</b>	Organizational Adaptation to Diversity			
<b>Part 3C</b>	Database Systems and Data Development			
<b>Part 3D</b>	Language and Communication Needs			
<b>Part 3E</b>	Business Strategies Attracting Patients from Diverse Cultures			
<b>Total</b>				

## Stages

Stage	Ranking	
<b>Pre Stage 0</b>		<ul style="list-style-type: none"> <li>· No activity</li> <li>· No organized approach or conscious intent to address cross-cultural competence</li> <li>· No leadership involvement</li> <li>· Staff and patients are left to fend for themselves</li> </ul>
<b>Stage I 1-3</b>		<ul style="list-style-type: none"> <li>· Some action</li> <li>· Sense of importance</li> <li>· Give recognition to staff</li> <li>· New committees may have been formed to address patients and staff issue</li> <li>· Little formal movement and direction is taken place</li> <li>· Funding commitment may be minimal</li> </ul>
<b>Stage II 4-5</b>		<ul style="list-style-type: none"> <li>· Consciously recognized the need to address diversity</li> <li>· Has developed formalized efforts in cross-cultural issues.</li> <li>· Management administration has some what involved, but may not be leading the efforts</li> <li>· Has some financial commitment</li> <li>· Internalized action and commitment on cultural diversity: training sessions and seminars, progress measurement</li> <li>· Actions or activities may be more conceptualized</li> </ul>
<b>Stage III 6-8</b>		<ul style="list-style-type: none"> <li>· Made commitments to staff</li> <li>· Undertaken formal cultural diversity initiatives both with in the organization and or services to diverse populations and communities.</li> <li>· Plans have been developed and actions have been taken to advance these diversity staffing/management and patient issues.</li> <li>· Organized patient and staff programs related to diversity and competency.</li> <li>· Administration is committed to diversity. Measure is initiated but not well developed</li> </ul>
<b>Stage IV 9</b>		<ul style="list-style-type: none"> <li>· Has synthesized critical elements into its planning, execution and review processes.</li> <li>· Cultural diversity becomes part of orientation and training for staff</li> <li>· Diversity activities are seen as an integral part of the organization</li> <li>· Diverse communities are incorporated into planning and decision making at all levels</li> <li>· Reaches out to the community to educate, inform and to receive feedback.</li> </ul> <p>Process and outcome measures of diversity initiatives effects are planned and put in place</p>