

CULTURAL COMPETENCE ASSESSMENT TOOL

Boston Public Health Commission
Mayor Thomas M. Menino



Made possible by a grant from the Blue Cross Blue Shield of Massachusetts Foundation



Dear Community Health Centers,

I am pleased to send you the attached Cultural Competence Assessment Tool (CCAT), a document that represents the culmination of work over the past three years with community representatives, clinicians, and hospital administrators. This project was supported by the Blue Cross Blue Shield of Massachusetts Foundation to provide another resource for community health centers and other health care institutions as they assess the delivery of culturally and linguistically appropriate services.

The CCAT may help health care institutions, particularly community health centers, to operationalize the guidelines from the Culturally and Linguistically Appropriate Services in Health Care Standards (CLAS) that were issued by the US Dept. of Health and Human Services Office of Minority Health (OMH).

We know that Boston's community health centers have a long history of providing outstanding care for the City's diverse patient population and are trailblazers in fighting against racial and ethnic disparities. We hope that this new document will assist you in your continued efforts to ensure that all of Boston's residents receive high quality, accessible care.

Sincerely,

John Auerbach, MBA
Executive Director

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Introduction

In 2001, the United States Department of Health and Human Services Office of Minority Health (OMH) issued National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS). The CLAS standards identify elements of culturally and linguistically competent care, which health care organizations can use to discover and address inequities in the delivery of health care services. The ultimate intent of the CLAS standards is the elimination of racial and ethnic health disparities.

The CLAS standards contain 14 specific standards organized along three themes—Culturally Competent Care, Language Access Services, and Organizational Supports for Cultural Competence. The CLAS standards are listed in the appendix. Ongoing self-assessment of an organization’s cultural and linguistic competence is an integral part of the standards. To guide health care organization through this crucial self-assessment, the Boston Public Health Commission (BPHC) developed the Cultural Competence Assessment Tool (CCAT).

The CCAT guides health care organizations through an examination of the administrative structures and practices described in the CLAS standards. Through this process, organizations are helped to identify areas that support and those that hinder the delivery of culturally competent health care. With assessment information in hand, the organization can develop a concrete action plan that moves the institution closer to the care outlined in the CLAS standards.

Development of the Assessment Tool

Through its Pathways to Cultural Competence Program, the Blue Cross Blue Shield of Massachusetts Foundation provided funds to create and pilot test a Cultural Competence Assessment Tool. H. Denise Dodds, PhD developed the tool with input from the Project’s Advisory Board, Community Health Centers, and other staff at the Boston Public Health Commission. Barbara Ferrer, PhD initiated the project, which was brought to completion under the guidance of Michelle Bordeu, MPH. Cindy Engler, RN, MPH managed the pilot phase of the project and facilitated the community health center review. Other BPHC members who were instrumental in the tool’s development were Carol Brayboy, Bobbie Drake-Saucer, Rosie Munoz-Lopez, Yanique Morson-Matra, Xandra Negron, Mary Pope, April Taylor, and Monica Valdes-Lupi.

The Advisory Board whose membership included consumers, clinicians, and health center administrators met regularly for a year to select the general and specific areas to be included in the tool. Two community health centers serving diverse communities including Asian, African American, Caribbean, and Latino patients

served as pilot sites for the first draft of the assessment tool. After completely reviewing the tool, the two sites provided invaluable feedback that led to major changes in the tool's format. The revised assessment tool was reviewed by the Executive Directors of eight Boston community health centers who offered suggestions on improving the clarity of the tool's questions and the utility of its format.

The members of the Advisory Board were...

Joan Allen	Community Representative
Nashira Baril	Community Representative
Feleshia Battles	Community Representative
Joseph Betancourt, MD, MPH	Massachusetts General Hospital
Judy Ann Bigby, MD	Brigham and Women's Hospital
Elmer Freeman	Center for Community Health Education, Research, and Service
Cynthia Johnson-Smith	Codman Square Health Center
Tom Kieffer, MPH	Southern Jamaica Plain Health Center
Esther H.P. Lee, RN	South Cove Community Health Center
Peter Lopes	Community Representative
Pamela Sheridan, MD	Beth Israel Deaconess Hospital
Gisele Thornhill, MD, MPH	Mass League of Community Health Centers
Wanda Turner	Community Representative

The Executive Directors of the Community Health Centers who reviewed the tool were...

Tristram Blake	South End Community Health Center
Douglas Brooks, MSW	Sidney Borum Jr. Health Center
Ruth Ellen Fitch	Dimock Community Health Center
Tom Kieffer, MPH	Southern Jamaica Plain Health Center
Paulette Shaw Querner, RN, MBA	Neponset Health Center
Robert Taube, PhD	Boston Health Care for the Homeless
William Walczak	Codman Square Health Center
Azzie Young, PhD, MPA	Mattapan Community Health Center

Overview of the Assessment Tool

The Cultural Competence Assessment Tool offers health care organizations a framework for assessing the delivery of culturally and linguistically appropriate services. The next section presents a suggested guide to implementing an internal review of policies, procedures, practices, staffing, and systems. Organizations may need to make changes to the process to fit unique situations. Some questions may not be relevant and will need to be revised or eliminated. Conversely, organizations may need to add questions to cover unique features of their organizations.

The Cultural Competence Assessment Tool (CCAT) contains three sections – each focuses on a key component in the provision of culturally competent health care. The table that follows shows the three areas and the corresponding guiding principles that were used in the development of the tool. The first section of the tool assesses organizational cultural competence in health care leadership, staffing, and community involvement. The second section assesses cultural competence in the institution’s delivery of health care. The third section assesses cross-cultural communication at the institution.

Each section contains a series of probing questions. Some questions are based on specific information that must be collected before the question can be answered. Worksheets and checklists are provided to help gather this information. Understanding the experience and perspective of institutional stakeholders is a key aspect of the assessment process. Periodic surveys of patients, staff members, and the community are recommended. Some organizations already conduct surveys -- it is suggested that these be reviewed to ensure that they capture the perspective of the individuals on areas related to the organization’s cultural competence. Organizations without a mechanism to receive feedback should consider developing a survey. The Boston Public Health Commission has samples of patient, staff member, and community surveys available on its website (www.bphc.org). These sample surveys can be adapted to meet the unique need of the organization.

The final step in the self-assessment is the development of an action plan. The last section provides a summary table that is designed to start this process. In the first two columns of the table, organizations will list the “strengths” and “challenges” identified in each section of the tool. Recommended action steps should be listed in the third column. These action steps can then be used to form the basis of a comprehensive plan for increasing the organization’s level of cultural competence.

Guiding Principles

Health Care Leadership, Staffing, and Community Involvement

To achieve organizational cultural competence within the healthcare leadership and workforce, it is important to maximize diversity, which can be accomplished through...

- ❖ Hiring and promoting a health care workforce that represents the communities served
- ❖ Developing programs that advance health care leadership among staff members that represent the communities served
- ❖ Involving community members in the planning and quality improvement meetings
- ❖ Developing mission statements and strategic plans which address the organization's commitment to offering culturally and linguistically competent health care

Health Care Planning and Delivery

To achieve systemic cultural competence, action steps to be taken by an organization should include, but not be limited to...

- ❖ Conducting community assessments on the needs and assets of populations served by the organization
- ❖ Offering comprehensive interpreter services, including multilingual telecommunications systems
- ❖ Implementing systems for collecting patient racial, ethnic, and language preference data
- ❖ Ensuring culturally and linguistically appropriate health education materials which reflect patient languages and literacy levels
- ❖ Monitoring health care delivery for the provision of culturally and linguistically appropriate care
- ❖ Implementing monitoring systems to quickly identify medical errors that may result from lack of cultural competence
- ❖ Monitoring disparities in care and satisfaction with care by analyzing and reporting all data by race and ethnicity

Cross-cultural Training and Communication

To attain clinical cultural competence, it is important that organizations take steps such as ...

- ❖ Integrating cross-cultural training into all professional development activities and requiring staff member attendance
- ❖ Implementing quality improvement programs that use culturally and linguistically appropriate outcome measures
- ❖ Developing mechanisms for patient, provider and community feedback

Guide to Implementation

Conducting the assessment will require the commitment of the Executive Director, Board of Directors, and staff members throughout the organization. This section provides instructions for using the assessment tool including suggested approaches for establishing and empowering an internal working committee.

Developing a Committee Structure

As noted in the introduction, the assessment tool is intended to assist an organization in identifying strengths and challenges in creating a culturally competent institution. Each organization will need to consider its internal resources in designing an appropriate process for facilitating the completion of the tool. However, it is strongly recommended that each organization select staff representing various job titles and diverse backgrounds to serve on a committee to direct the assessment process. Some organizations may have an established committee, such as a quality improvement committee that would be ideally suited to guide the completion of the assessment tool. Other organizations may need to develop such a committee. Before deciding to assign the task to an existing committee, the organization should make sure that the committee is culturally diverse, has representatives from each job category, and has the range of skills needed to complete the assessment tool. Committee members should include representation from the various departments of the organization and from the diverse racial/ethnic/linguistic/gender backgrounds. Members will need adequate time to attend meetings and participate in designated activities.

The process will benefit from the identification of a committee leader to facilitate group discussions and ensure appropriate follow-up. Depending on available resources, the leader may be an internal staff person or external consultant hired to work with the committee. The committee leader should be an individual who has an understanding of the issues related to developing culturally competent organizations. An appropriate leader will have good interpersonal skills and experience in leading groups. The leader should have or be given the necessary autonomy and time to devote to this project. Responsibilities of the leader include keeping the project on track and the committee members focused on what needs to be done. The leader will ensure that members understand their roles and responsibilities and will endeavor to promote good communication within the committee and good communication between the committee and the rest of the organization.

For the tool to be effective, the organization's Board of Directors and administrators must convey their commitment to the assessment process in both words and actions. For example, it is suggested that the Executive Director announce the establishment of the cultural competence self-assessment process using forums such

as general staff meetings and staff newsletters. In addition, the Executive Director and a representative from the Board may want to attend the first meeting of the committee to initiate the process. They may also want to meet with the committee at regular intervals to receive updates. The organization should specify how the institution will support the committee's work. The committee should be aware of its budget (if any), the parameters of its use, and the procedures necessary to access funds. Committee members should be aware of the parameters regarding work release time. The organization should ensure that there is adequate workload coverage for committee members to attend meetings and to carry out committee assignments. In selecting committee members, the organization must ensure that an employee's participation is not in conflict with the individual job description or with any union rules or regulations.

Completing the Assessment Tool

The tool will require a great deal of staff time to complete. Given the reality of constrained staff time, an organization may prefer to complete the assessment in several phases, with each phase focusing on specific sections of the tool. In addition, organizations that offer many programs or have distinct departments may find it more useful to complete sections for each program or department rather than for the entire organization. While this might take more time, it will yield a more thorough assessment.

Once the committee has been established and oriented, the self-assessment process can begin. The worksheets and other forms contained in the tool have been designed to facilitate the committee movement through a systematic review process. The committee will use these forms to (1) gather relevant information and complete worksheet where needed, (2) review the information and complete the guiding questions in each area, (3) identify and record strengths and challenges found in each area, and (4) use committee findings to recommend specific steps for strengthening the organization's level of cultural competence.

Committee findings and recommended action steps should be presented to both staff and key decision-makers within the organization for review, input, and modification. At this point, a comprehensive organization plan with short - and long-terms goals, concrete action steps, and timelines can be developed. The Executive Director may want to incorporate recommendations into annual goals and objectives of each department. Organizations should share the results of the assessment tool and the action plan with their Board of Directors.

Suggested Steps in Conducting the Assessment

The following table provides in more detail, the steps for organizations to use in conducting the assessment. Organizations may want or need to vary somewhat from the proposed outline.

Conducting the Assessment
<p>Step 1: Introducing the Process The Executive Director introduces the assessment process to staff emphasizing the importance of the project. The introduction includes an overview of the assessment process, a description of the tool, and the organization’s plan for using the assessment results.</p>
<p>Step 2: Appointing a Committee Leader The Executive Director designates a committee leader who will have the primary responsibility for managing the assessment process. The committee leader will be responsible for keeping the assessment and the committee on track.</p>
<p>Step 3: Forming a Committee A committee is formed or the project is assigned to an existing committee. The process will be expedited if departments who hold essential information (such as Human Resources and Patient Records) are assigned to the committee. Assigning staff from all departments and employment categories (e.g., management, office support, clinical staff) and inviting board members, patients, and community members to join the committee will improve the project’s accuracy, validity and credibility.</p>
<p>Step 4: Developing the Review Process Committee members must be clear on the methods that will be used in gathering and analyzing information. The first task of the committee is to come to agreement on the group’s goals, general operating procedures, time line, and final product. The committee will need to make decisions regarding roles, responsibilities, and deadlines for the completion of each task. The committee may want to form sub-groups to work on specific components of the assessment.</p>
<p>Step 5: Gathering Data In completing the assessment tool, the committee will collect data and complete worksheets based on internal records and discussions with staff members. For this, annual surveys of community, patients, and staff members are encouraged.</p>

Step 6: Identifying Strengths and Challenges

Once data collection has been completed, the group can discuss and respond to the guiding questions. Responses will be used to identify organizational strengths and challenges, which are summarized on the table provided under each topic.

Step 8: Developing Recommendations

The committee can develop a set of recommendations based on the identified strengths and challenges. The last section contains a form to record the committee's suggested action steps.

Step 7: Developing an Action Plan

Assessment results and committee recommendations should be presented to the organization's "key decision-makers" who can then assess and prioritize recommendations in light of regulations, staffing, and budget. Once this review occurs, a written action plan and timeline should be developed and shared with staff.

Guiding Questions

LEADERSHIP, STAFFING, AND COMMUNITY INVOLVEMENT

1. Definition of Community	
<i>A worksheet for this section is provided on page 12.</i>	
a. Does your organization have a geographically and/or demographically defined target population?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the definition sufficiently comprehensive? For example, does it include demographics such as race, ethnicity, primary language, and socioeconomic status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is the definition up-to-date? For example, has it been updated to include changes in the communities that surround your health center?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are there communities to which you would like to increase services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. With reference to Worksheet 1, are there racial or ethnic groups who are under-represented among your patients? (If yes, respond to question f.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Which groups are under-represented among your patients?	
g. Does your organization have a plan to increase service to these groups? (If yes, please respond to question g.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. If yes, is the plan clear, comprehensive, and up-to-date?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary
Strengths
Challenges

Worksheet 1: Patient Diversity

Provide the racial/ethnic identification in percentages (estimates or ranges, if needed) of your target community and your patients.

Time Period: _____ to _____

Racial/Ethnic Group	Service Area (%)	Patients (%)
Race/Ethnicity		
American Indian or Alaska Native		
Asian		
Black or African American		
Latino or Hispanic		
Native Hawaiian or other Pacific Islander		
White		

2. Diversity of Staff and Leadership	
<i>A worksheet for this section is provided on page 14.</i>	
a. With reference to Worksheet 2, are there racial or ethnic groups who are under-represented among your staff in any occupational categories? (If yes, respond to question b.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, which groups are under-represented?	
c. Do you have adequate strategies to recruit staff that is representative of your organization's target groups for all occupation categories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is the plan clear, comprehensive, and up-to-date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Does your organization have an adequate system to obtain and document the race and ethnicity of staff members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Does your organization regularly review the race/ethnicity of staff and employment characteristics such as salary, turnover, promotions, performance appraisals, and training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Does your organization have clearly defined methods to encourage internal promotions for people of color?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Worksheet 2: Diversity of Staff and Leadership

This worksheet is included to help discussion of diversity and leadership within your organization. Provide the racial/ethnic identification in percentages (estimates or ranges, if needed) of your target community and current staff by occupational category.

Time Period: _____ to _____

Racial/Ethnic Group	Target Population	Staffing Categories					
		Management	Administrative Support	Community and Social Services	Practitioners	Technicians & Technologists	Healthcare Support
American Indian or Alaska Native							
Asian							
Black or African American							
Latino or Hispanic							
Native Hawaiian or other Pacific Islander							
White							
TOTAL	100%	100%	100%	100%	100%	100%	100%

Definitions of Staffing Categories:

Management includes Chief Executives, General, Clinical, and Operations Managers, Financial and Information System Managers, Health, Social and Community Service Managers.

Administrative Support includes Secretaries, Administrative Assistants, Receptionists, Financial Clerks, Information and Records Clerks.

Community and Social Services includes Counselors, Case Managers, Health Educators, Outreach Workers, Community and Social Service Specialists.

Practitioners includes Physicians, Dentists, Psychiatrists, Psychologists, Dietitians, Optometrists, Pharmacists, Physician Assistants, Podiatrists, Social Workers, RNs, Audiologists; Occupational and Physical Therapists; Radiation and Respiratory Therapists.

Technologists and Technicians includes Dental Hygienists, Opticians, LPNs; Laboratory, Cardiovascular, and Radiologic Technicians and Technologists; Dietetic, Pharmacy, Psychiatric, Medical Records, and Respiratory Therapy Technicians.

Healthcare Support includes Nurses Aides, Home Health Aides; Physical and Occupational Assistants and Aides; Dental and Medical Assistants, Pharmacy Aides, and Medical Transcriptionists.

3. Board Membership	
<i>A worksheet for this section is provided on page 16.</i>	
a. With reference to Worksheet 3, are you satisfied with the number of consumers on your Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are you satisfied with consumer attendance on the Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are you satisfied with consumer longevity on the Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is the board reflective of the racial and ethnic diversity of the community and patient population?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. If you answered no on question d, is your organization taking steps to ensure that board membership is representative of the community and patient groups served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do consumers actively participate in board discussions and decision-making?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do consumers receive training or support to encourage them to participate fully in board discussions and decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Do your board members receive training to assist them in functioning as a cohesive and effective board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. In addition to board meetings, are there methods to give consumers a voice in organizational planning and program development?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Worksheet 3: Board Membership

This worksheet is included to help discussion of the diversity of your Board. Provide the racial/ethnic identification, gender, and consumer status of your Board Members.

	Membership		Board Meetings Attended in Past Year	Length of Time on Board
	#	%	%	Years
Total Board Membership				
American Indian or Alaska Native				
Asian				
Black or African American				
Latino or Hispanic				
Native Hawaiian or other Pacific Islander				
White				
Consumers				
Non-consumers				
Male				
Female				

4. Human Resource Activities	
<i>Worksheets for this section are provided on pages 18 and 19.</i>	
a. With reference to Worksheet 4, are there racial or ethnic groups under-represented among individuals participating in staff development activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If you said yes to the question a, which groups are under-represented?	
c. Does your organization have a comprehensive and up-to-date plan to increase service to these groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. With reference to Worksheet 5, are there occupational categories that are under-represented among individuals participating in staff development activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. If you responded yes to question d, which occupational categories are under-represented?	
f. Do you have a clear, comprehensive, and up-to-date plan to increase service to these staff members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you assess if staff development participation and outcomes are equitable among racial/ethnic groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Is information about human resources activities made available to all staff members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Is information on staff member satisfaction with human resource activities collected and analyzed by race/ethnicity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Worksheet 4: Staff Development and Race/Ethnicity

For each activity, note by job category the total number of staff members who participate in each activity and indicate the race or ethnicity of these participants.

Staff Development Activities	Total Participants (NA if not offered)	Race or Ethnicity					
		American Indian or Alaska Native	Asian	Black or African American	Latino or Hispanic	Native Hawaiian or other Pacific Islander	White
	#	%	%	%	%	%	
Career counseling and other assistance with career growth							
Technical training (training needed for specialized jobs including clinical and electronic-related)							
Job skill development or enhancement (training designed to enhance a staff member's skill set)							
Employment preparation and work readiness							
English as a Second Language (ESL)							
Languages other than English, including sign language							
Mentoring							
Tuition reimbursement							
Personal counseling and Employee Assistance Program (EAP)							
Special scholarship programs							

Worksheet 5: Staff Development and Occupations

Staff Development Activities	Total Participants	Occupational Category *					
		Management	Administrative Support	Community and Social Services	Practitioners	Technicians & Technologists	Healthcare Support
	#	%	%	%	%	%	%
Career counseling and other assistance with career growth							
Technical training needed for specialized jobs including clinical & electronic-related							
Job skill development (training designed to enhance a staff member's skill set)							
Employment preparation and work readiness							
English as a Second Language (ESL)							
Languages other than English, including sign language							
Mentoring							
Tuition reimbursement							
Personal counseling and Employee Assistance Program (EAP)							
Special scholarship programs							

** See page 14 for occupational definitions.*

5. Handling Racial Conflict, Discrimination, and Bias	
a. Do you have policies and procedures to address staff conflict related to race and ethnicity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you have policies and procedures to address discrimination and bias based on race and ethnicity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you have adequate methods in place to inform staff members of procedures to address discrimination and bias (such as policy handbook, staff orientation, presentations at staff meetings, signage in high traffic areas, and training sessions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you assess to determine if staff members are aware of the procedures that your organization has in place to address discrimination and bias?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you assess to determine if staff members are satisfied with procedures that your organization has in place to address discrimination and bias?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you have a satisfactory policy to guide the use of other languages in group settings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Is there a particular person(s) or position(s) with adequate time available responsible for addressing staff conflict, discrimination, and bias?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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6. Support for Cultural Practices	
a. Are racial and ethnic cultural practices (religious observances, holidays, etc) of your staff recognized, supported, and/or celebrated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is support for these practices reflected in your organization's written policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is there any financial or human resource assistance provided to support racial, ethnic, and religious holidays and other observances?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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HEALTH CARE PLANNING AND DELIVERY

1. Involvement in Community Activities	
a. Are staff members encouraged to participate in community meetings and events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the community involved in the planning and evaluation functions of your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are community educational programs that address health beliefs and needs of your community's ethnic populations offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are there community educational programs that address racism and its effect on health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Does your organization organize or participate in community groups focused on the health of specific ethnic populations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Does your organization work with local business on health promotion in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Does your organization actively seek contract arrangements with local businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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2. Needs Assessment

A worksheet for this section is provided on page 24.

a. Does your organization conduct a community needs and assets assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the assessment sufficiently comprehensive? (Worksheet 6 may be used to review your assessment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you feel that it is adequate and conducted with sufficient frequency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is there a process of responding to the results of the needs and assets assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you engage in supplementary activities that benefit the target community (outreach, education, donations, jobs, sponsorships, and mentoring)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you monitor how the target community perceives your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Worksheet 6: Needs assessment checklist

Does the needs and assets assessment cover the following areas?

- Accessibility of services
- Child care issues
- Community resources (churches, grocery stores, recreational facilities)
- Convenience of hours of operation
- Demographic trends
- Environmental quality and exposures
- Food security and hunger
- Health concerns (including nutrition, dental and mental health)
- Health system navigation
- Health, dental, and vision insurance
- Housing
- Language barriers
- Medication/pharmacy assistance
- Racism and discrimination in community, health and social services
- Social service needs and problems
- Substance abuse
- Transportation concerns
- Other (specify):

3. Patient-Centered Care	
a. Have you defined what patient-centered care means for your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you consider race, ethnicity, and culture as you assess the unique needs of each patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you have appointment systems customized to meet the needs of a racially and ethnically diverse population (i.e. hours to accommodate patients that have Sabbath on Saturday)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you have signs geared to diverse populations that direct them to language and other culturally appropriate assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you deliver care in a manner that accommodates the religious and/or cultural preferences of patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you accommodate ethnic and religious dietary preference of patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you provide discharge-planning assistance tailored to the needs of patients' race, ethnicity, culture, and religious practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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4. Patient Outreach

A worksheet for this section is provided on page 27.

a. Do you have procedures to identify underserved populations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you have a comprehensive outreach plan that includes strategies to reach specific racial & ethnic groups within your community? (Worksheet 7 may help you assess your plan.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you use a variety of advertisement to reach all groups within your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you evaluate your outreach activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Worksheet 7: Advertisement Checklist

Does your organization advertise health services through any of the following methods?

- Culturally appropriate media such as local newspapers and radio
- Racial and ethnic newspapers such as The Banner, Sampan, and Le Semana
- Word of mouth
- Health fairs
- Community Centers
- Organizations representing specific racial and ethnic groups
- Local churches
- Local businesses and business organizations

5. Physical Environment	
a. Is the physical environment of your agency welcoming given the racial and ethnic diversity of patients served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you use artwork and décor to welcome your patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are the literature, newspapers, magazines, and signage displayed appropriate for the community served, in terms of representing racial/ethnic diversity, and language?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary
Strengths
Challenges

6. Monitoring Disparities	
a. Does your organization have staff members whose job responsibilities specifically include overseeing the delivery of culturally and linguistically appropriate services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does your organization use multiple methods of monitoring racial disparities such as chart audits, trend analysis, clinician surveys, patient surveys, research studies, and medical error review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you monitor disparities in satisfaction with care among patients of different racial/ethnic backgrounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you monitor disparities in outcomes among patients of different racial/ethnic backgrounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you implemented changes in health care delivery as a result of the procedures you have in place to monitor health care disparities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Does your organization prepare an annual report that assesses your progress in implementing culturally and linguistically appropriate health care services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary
Strengths
Challenges

CROSS-CULTURAL TRAINING AND COMMUNICATION

1. Interpreter Services	
<i>A worksheet for this section is provided on page 31.</i>	
a. Does your organization identify languages spoken in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you provide financial or other support for interpreter services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does your organization have written policies and procedures on interpreter services including a clear process for identifying patients who need services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does your organization track requests for interpreter services including the language requested and the response to the request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is the patient's primary language and need for interpreter services recorded prominently in their medical record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are interpreters readily available for each language need? (Worksheet 8 may be helpful in this assessment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Does your organization have a plan when an interpreter is needed for an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Is interpreters' knowledge of medical technology assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Does your organization assess the overall quality of interpretation services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Does your organization measure patient, staff, and provider satisfaction with interpreter service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary
Strengths
Challenges

2. Translation Services

A worksheet for this section is provided on page 33.

a. Does your organization have policies that guide the translation including the selection of documents and languages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is there an individual or department within your organization responsible for ensuring that patients' needs for translated material are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you provide financial or other support for translation services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does your organization assess the accuracy of translation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are critical materials translated into all languages needed by your organization's staff and patients? (Worksheet 9 is designed to help in this assessment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Does your organization measure patient satisfaction with the availability of translated materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary

Strengths

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Worksheet 9: Translation Services

Material	Check if Translated	Language(s)
For Patients		
Patient education materials	<input type="checkbox"/>	
Patient satisfaction survey	<input type="checkbox"/>	
Announcements	<input type="checkbox"/>	
Billing information	<input type="checkbox"/>	
Directions to site	<input type="checkbox"/>	
Patient directives	<input type="checkbox"/>	
Medical instructions	<input type="checkbox"/>	
Consent Forms	<input type="checkbox"/>	
For Staff		
Employee handbook	<input type="checkbox"/>	
Employee newsletters	<input type="checkbox"/>	
Employment applications	<input type="checkbox"/>	

3. Language Skills of Staff	
a. Other than interpreters, does your organization recruit and hire staff fluent in the languages spoken by your patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are medical staff members given training in communicating with patients from different racial and ethnic groups, including how to work with an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary
Strengths
Challenges

4. Cross Cultural Training	
<i>A worksheet for this section is provided on page 36.</i>	
a. Does your organization provide staff training topics related to the provision of culturally competent health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are all workers, including temporary workers, required to participate in training related to the provision of culturally competent health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does your organization evaluate the effectiveness and use of your cross-cultural training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does your organization have procedures to monitor the cultural competence of workers including volunteers, interns, or individuals who work on a temporary or contract basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is the cultural competence of staff evaluated?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary
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Worksheet 10: Training in Culturally Competent Health Care				
Check if Offered	Training Topic	Check if attendance is mandated		
		Clinical Staff	Administrative Staff	Support Staff
<input type="checkbox"/>	Beliefs and traditions regarding non-traditional medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Racial & ethnic beliefs and traditions regarding death and dying rituals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Beliefs and traditions regarding involvement of family in care giving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Beliefs and traditions regarding dietary preferences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Beliefs and traditions that may affect adherence to treatment regimen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Beliefs regarding gender roles that may affect healthcare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Beliefs regarding sexual orientation and impact on healthcare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Training in understanding one's personal bias that may affect patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Patient Satisfaction Measures

A worksheet for this section is provided on page 38.

a. Does your organization monitor complaints to assess patient satisfaction with health care among patients of different racial and ethnic backgrounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does your organization track return visits to measure patient satisfaction with health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are these data collected and analyzed by racial and ethnic backgrounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does your organization have a comprehensive plan to measure patient satisfaction with health care among patients of different racial and ethnic backgrounds through interviews or surveys? (Worksheet 11 contains elements to consider in this assessment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are the results of surveys or interviews used to make policy or procedural changes when needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Does your organization have a system to collect patient feedback on an on-going basis (such as a suggestion box)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary

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Worksheet 11: Patient Survey Checklist

Do your survey procedures include any of the following?

- Survey distribution plan includes procedures to reach patients of all racial and ethnic groups served by the organization.
- Surveys are available in the languages spoken by patients.
- Measures are taken to help patients feel comfortable offering their opinions, especially individuals who may be reluctant to criticize or who may be afraid of reprisal.
- Provisions are made to survey patients with low literacy levels.
- Survey includes questions that assess patient satisfaction with the organization's cultural competency.

6. Patient Advocacy	
a. Does your organization have procedures to ensure that patients are aware of their rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is signage, which informs patients of their rights, posted in visible areas and in appropriate languages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are patients informed of their right to an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are patients informed of the procedures that they should follow if they have a concern or complaint regarding discrimination or bias?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Does your organization have procedures in place to encourage patients to advocate for themselves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you assess if patients are aware of their rights and feel comfortable using the feedback mechanism your organization has in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary
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NOTES

Summary of Strengths, Challenges, & Action Steps

A. Leadership, Staffing, and Community Involvement

	Strengths	Challenges	Action Steps
Definition of Community			
Diversity of Staff and Leadership			
Board Membership			
Human Resource Activities			
Handling Racial Conflict, Discrimination, and Bias			
Support for Cultural Practices			

B. Systemic Cultural Competence

	Strengths	Challenges	Action Steps
Involvement in Community Activities			
Needs Assessment			
Patient-Centered Care			
Patient Outreach			
Physical Environment			
Monitoring Disparities			

C. Clinical Cultural Competence

	Strengths	Challenges	Action Steps
Interpreter Services			
Translation Services			
Language Skills of Staff			
Cross Cultural Training			
Patient Satisfaction Measures			
Patient Advocacy			

APPENDIX

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.