

CONDUCTING A CULTURAL COMPETENCE SELF-ASSESSMENT

Developed by

Dennis Andrulis, SUNY/Downstate Medical Center, Brooklyn, NY

In collaboration with

Thomas Delbanco, Beth Israel Deaconess Medical Center, Boston, MA

Laura Avakian, Massachusetts Institute of Technology, Boston, MA

Yoku Shaw-Taylor, Public Health Foundation, Washington, DC

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PURPOSE

There are several reasons why a healthcare organization may wish to conduct an audit of its cultural competence. First, it may want to validate its understanding of the ethnic and cultural composition of its patient and employee populations. Further, it may seek to identify the unique attributes of a given cultural group to ensure access, appropriate treatment and effective communication between providers and patients. Additionally, the audit may reveal opportunities for the organization to make itself more attractive to diverse populations, thereby enhancing its marketing capabilities as well as strengthening its ties to community. Most important, the very act of conducting the self-assessment is a statement to the workforce, patients and community that the organization values diversity and desires to increase its cultural competence.

HOW TO CONDUCT THE SELF-ASSESSMENT

A. *Create a task force 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 audit should be led by a small committee that represents certain key functions or departments. A typical self-assessment team consists of 8 to 12 people.

On the audit team should be individuals who can access and interpret data addressing the composition of the patient and staff population. Team members may come from finance, admitting, patient registration, human resources, information systems, or administration. Additionally, there should be individuals whose jobs are directly concerned with ethnic/cultural issues, i.e. diversity coordinators, translators/interpreters, social workers, community relations and employee relations specialists, and clergy. Different clinical disciplines should also be represented: doctors, nurses, therapists. The team may benefit by inviting patients or representatives of your community as members. The team itself should also reflect ethnic/cultural diversity.

B. *Select a task force leader*

Who serves as leader of the assessment team is an important decision. He or she should be an individual who is well-positioned within the organization—one who has access to people at all levels and information from all sources. He or she must be credible, respected, and generally regarded as sensitive to diversity issues. Equally important is the explicit support for this initiative from the 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 audit.

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 task force.
- (b) CEO and other organizational leaders affirm the project team's charter.
- (c) The task force develops a timeline for the entire project.
- (d) Individual task force members take assignments.

Step 2 *Completing the Questionnaire*

- (a) Task force members determine who is best able to complete each section of questionnaire and takes responsibility for its completion.
- (b) Task force members discuss what supplementary materials may support the information provided in the questionnaire (e.g. patient information pamphlets) and take responsibility for obtaining them.

Step 3 *Interviews*

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

Step 4 *Evaluation of Results*

- (a) The task force reviews the data from the questionnaire and the interviews.
- (b) Drawing on the data and analyses, the 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 task force discusses its 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 specific recommendations for actions to be taken, identifying who would be accountable for taking the 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	Dietitians
Administration	Admitting and registration staff
Community leaders	Human Resources staff
Patients	Marketing staff
Translators/interpreters	Community Relations staff
Social Workers	Clergy
Nurses	Maintenance/housekeeping staff
Physicians	Public Relations staff
Emergency Unit staff	Patient advocates
Diversity trainers	Union leadership

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, special menus, translated newsletters, etc.

In general, the interviews should elicit information about those policies and practices that impact on 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 below. You will want to add or delete some based on your particular findings and interests.

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.

QUESTIONS

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?

*(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.)

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 accommodating diversity needs and attributes. There are three sub-sections covering the following areas: (a) diversity training; (b) human resource programs; and (c) union presence.

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-audit will help an organization evaluate where it sits within a “spectrum of cultural competence.” However, it is important that the 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.

PART 1: ETHNIC/CULTURAL CHARACTERISTICS

This section contains questions on the characteristics of your staff and the healthcare organization. Questions relate to two broad areas: staff profiles and healthcare organizational recognition of diversity needs.

PART 1A: BOARD, STAFF AND PATIENT/COMMUNITY PROFILES

1. Ethnic and Cultural Characteristics - For each of the five ethnic/cultural groups, please provide *percentages, estimates or ranges for the past fiscal or calendar year*. Base responses on the past fiscal or calendar year. Please indicate whether (1) fiscal year: from _____ to _____, or (2) calendar year: from _____ to _____

	Administration / Management	Support Staff	Board Members	Non-Physician Providers
African-American*				
Asian/Pacific Islander				
Hispanic/Latino				
European-American**				
American Indian/ Eskimo/Aleut				
Total 100%				

* Includes persons of Caribbean descent and non-Hispanic

** Non-Hispanic

	House Staff	Attending Physicians	Patients by Discharge	Community Characteristics
African-American*				
Asian/Pacific Islander				
Hispanic/Latino				
European-American**				
American Indian/ Eskimo/Aleut				
Total 100%				

* Includes persons of Caribbean descent and non-Hispanic

** Non-Hispanic

2. To what degree do your board members reflect the ethnic/cultural characteristics of your community?

1 2 3 4 5
almost a somewhat not at all
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?

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

Yes No (if no, skip to Q 8)

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

1 2 3 4 5
completely somewhat not at all

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

Year _____

PART 1B: HEALTHCARE ORGANIZATIONAL RECOGNITION OF DIVERSITY NEEDS

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

	Administration/ Support Staff	Patients	Providers-Physicians/ Nurses
Characteristic #1			
Characteristic #2			
Characteristic #3			

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

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

1 2 3 4 5
 high somewhat not at all

10. To what degree are there strategies in place to recruit/retain actively a culturally diverse support staff?

1 2 3 4 5
 high somewhat not at all

11. What are these strategies?

	Management/ Administration	Support Staff
Strategy #1		
Strategy #2		
Strategy #3		

For example: Minority search firm Mentoring

12. Are ethnic and cultural practices of minority staff accommodated through:

- (a) Time off for religious observance? Yes No
 - (b) Dietary/Cafeteria preferences? Yes No
 - (c) Holidays? Yes No
 - (d) Other _____ Yes No
- (please specify)

13. Overall, to what degree does the healthcare organization accommodate needs and preferences of ethnic and cultural staff?

1 2 3 4 5
 completely somewhat not at all

14. 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 healthcare organization identified these and other areas? Please use the following scale in responding.

1 2 3 4 5
great extent somewhat not at all

- (a) Awareness of cultural issues in establishing measures for attracting and retaining minority & female staff _____
- (b) Awareness of cultural issues in improving achieving outcomes related to low birth weight, prenatal care utilization, immunization rates, etc. _____
- (c) Cultural awareness/participation is recognized as important factor in decision making _____
- (d) Soliciting minority input in developing programs, models, guidelines and training materials _____
- (e) Long-term commitment to achieving cultural competence has been established _____
- (f) Other (please specify) _____

PART 2: HEALTHCARE ORGANIZATIONAL APPROACHES TO ACCOMMODATING DIVERSITY NEEDS AND ATTRIBUTES

This section contains questions on how your healthcare organization addresses diversity needs. Questions relate to diversity training, human resource programs and union presence.

PART 2A: DIVERSITY TRAINING

15. Are staff members educated regarding the special needs and characteristics of each other; including the education of one ethnic/cultural group about another ethnic/cultural group?

- | | | |
|---|-----|----|
| (a) Cultural beliefs | Yes | No |
| (b) Adherence to treatment regimens (e.g. dietary requirements) | Yes | No |
| (c) Integration with patient-preference for alternative therapies | Yes | No |
| (d) Gender roles | Yes | No |
| (e) Other (please specify) _____ | Yes | No |

If no to all of the above, skip to Q 20

16. How are staff members educated, and how effective are these methods?

1 2 3 4 5
 extremely somewhat not effective
 effective

	Yes/No	Effectiveness
Training		
Orientation		
Reading materials		

17. If yes to training above (Q16), is it mandatory or voluntary? Please check appropriate box.
 If no to training above (Q16), skip to Q 20

	Mandatory	Voluntary	If Voluntary, what is compliance rate (percent)
All staff			
All but physicians			
Management			
Support			
Volunteers			
Other			
(please specify)			

18. Please rate the general impressions of effectiveness of the training initiatives:

1 2 3 4 5 6
 extremely somewhat not beneficial don't know
 beneficial beneficial

- (a) Workforce relationships _____
- (b) Staff-patient interactions _____
- (c) Patient adherence to treatment protocols _____

19. Does your organization conduct formal evaluations of training programs that include pre and post measurements?

- (a) Workforce relationships Yes No
- (b) Patient adherence to treatment protocols Yes No

If yes to any of the above, please attach findings from these studies.

PART 2B: HUMAN RESOURCE PROGRAMS

20. Does your healthcare organization have the following programs?

- | | | |
|-----------------------------------|-----|----|
| (a) Career development activities | Yes | No |
| (b) Succession planning | Yes | No |
| (c) Technical training | Yes | No |
| (d) Management development | Yes | No |
| (e) Other _____ | Yes | No |
| (please specify) | | |

If no to all of the above, skip to Q 24

21. If yes to any of the above (20), for which staff? _____

22. Do you have the following activities available?

- | | | |
|--|-----|----|
| (a) Mentoring | Yes | No |
| (b) Tuition reimbursement | Yes | No |
| (c) Personal counseling/
employee assistance programs | Yes | No |
| (d) Other _____ | Yes | No |
| (please specify) | | |

If no to all of the above, skip to Q 24

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

1	2	3	4	5	6
extremely beneficial		somewhat beneficial		not beneficial	don't know

	Effectiveness	Percent staff participation
Mentoring		
Tuition reimbursement		
Personal counseling		
Employee assistance		
Other _____ (please specify)		

24. With regard to ethnic/cultural staff at your organization, what trend do you observe over the last 5 years?

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

Yes No (if no, skip to Q 35)

33. This question is in three parts. Please provide responses in the table below (see next page).

(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

1 2 3 4 5 6
 extremely somewhat not beneficial don't know
 beneficial beneficial

Please base your responses on past fiscal or calendar year.

	Allocation	Benefits
Staff Training		
Community Based Outreach (Clinical Programs)		
Community Education Programs		
Other		

(please specify)		

34. 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 (-). If budget has not changed, skip to Q 35.

	Change in allocation
Staff Training	
Community Based Outreach (Clinical Programs)	
Community Education Programs	
Other	

(please specify)	

PART 2C: UNION PRESENCE

35. Is your organization unionized?

Yes No (if no, skip to Q 40)

36. Please provide the names of the unions represented.

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

37. What functions or employee groups in the system are unionized? E.g. maintenance, housekeeping.

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

38. Please rate the impact of unions on promoting diversity within the organization.

1 2 3 4 5 6
 extremely somewhat not beneficial can't judge
 beneficial beneficial

39. If you circled (1) or (2) above, list programs or activities that reflect this involvement.

1. _____ 2. _____ 3. _____

PART 3: HEALTHCARE ORGANIZATIONAL LINKS TO PATIENTS AND THE COMMUNITIES YOU SERVE

Questions in this section 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.

PART 3A: HEALTHCARE ORGANIZATIONAL LINKS TO COMMUNITY

Questions in this section address your healthcare organization’s links to the communities you serve and the effectiveness of these linkages.

- 40. This question is in three parts; use table below:
 - (a) Identification of service links - please name up to four (4) groups/organizations with which your healthcare organization has substantial links. If more than four, please attach pages.
 - (b) What are the service linkage activities - please describe activities in the space provided, or attach additional pages if necessary.
 - (c) How effective are these linkages - please use the scale below.

1 2 3 4 5
 extremely somewhat not at all
 effective

Please identify Community Advocacy Groups with which you have links	Activities	Effectiveness
1		
2		
3		
4		

Q 40 continued

Please identify Local/State Provider Associations with which you have links	Activities	Effectiveness
1		
2		
3		
4		
Please identify Ethnic/Cultural Newspapers with which you have links	Activities	Effectiveness
1		
2		
3		
4		
Please identify Churches with which you have links	Activities	Effectiveness
1		
2		
3		
4		

Q 40 continued

Please identify Schools with which you have links	Activities	Effectiveness

1		
2		
3		
4		
Please identify Business Groups with which you have links	Activities	Effectiveness
1		
2		
3		
4		

41. How closely does your healthcare organization work with these external resources in accomplishing diversity objectives?

1 2 3 4 5
a lot somewhat not much

42. Does your healthcare organization engage in the following community outreach activities:

- | | | |
|--|-----|----|
| (a) Provide an ombudsman office to assist ethnic/cultural populations?
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?
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?
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?
If yes, how long have you had this activity? _____(in years) | Yes | No |

If no, do you have plans to undertake this activity?	Yes	No
(e) Offer to communities educational programs that address health beliefs/needs of 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
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	Yes	No
<hr/>		
(please specify)		
If yes, how long have you had this initiative? _____(in years)		
If no, do you have plans to undertake such an initiative?	Yes	No

43. Has your healthcare organization established links with minority businesses for health promotion in the community?

Yes No (if no, skip to Q 45)

44. How long have you had this link or program? _____(in years)

Skip to Q 46

45. Do you have plans to undertake this activity?

Yes No

46. Does your healthcare organization explicitly seek contract arrangements with ethnic/cultural businesses in your community?

Yes No (if no, skip to Q 49)

47. If yes, please give examples.

48. How long have you had this initiative or program? _____(in years)

Skip to Q 50

49. Do you have plans to undertake this activity?

Yes No

PART 3B: ORGANIZATIONAL ADAPTATION TO DIVERSITY

50. Do you have an organized way to collect data on the ethnic/cultural characteristics of patients (including patients who use community-based services)?

Yes No (if no, skip to Q 52)

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

- | | | |
|-------------------------------------|-----|----|
| (a) Special meals | Yes | No |
| (b) Scheduling appointments | Yes | No |
| © Translation | Yes | No |
| (d) Other _____
(please specify) | Yes | No |

52. How does your healthcare organization determine the ethnic/cultural characteristics of the patients served?

53. Do you survey patients to determine their perception of your services?

Yes No (if no, skip to Q 59)

54. How often do you survey patients? _____

55. Does your survey ask questions assessing service satisfaction related to cultural diversity?

Yes No (if no, skip to Q 57)

56. How many questions addressing these issues are on the survey? _____

Please attach copy of survey

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

Yes No

58. If yes to Q 57 above, in what languages is the survey available?

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

59. In addressing the ethnic/cultural needs of patients throughout the continuum of their care, do you provide the following, and if you do, how well do they work?

1	2	3	4	5
extremely well		somewhat	not at all	

Use table for response.

	Yes/No	If yes, how well do they work?
A. Appointment systems tailored for ethnic/cultural populations in outpatient or specialty clinics		
B. Protocols for addressing ethnic/cultural interpreting needs		
C. Signs that direct patients to language/cultural assistance		
D. Accommodations for religious preferences of patients		
E. Accommodations for the ethnic/cultural dietary preferences of patients		
F. Assistance for ethnic/cultural populations in discharge planning		
G. Other		

(please specify)		

60. If yes to Q 59 C above, in what languages are the signs available?

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

If no to Q 59 C, skip to Q 62

61. If yes to Q 59 C above, where are these directions posted?

- | | | |
|-------------------------------------|-----|----|
| (a) Emergency room | Yes | No |
| (b) Admissions | Yes | No |
| (c) Outpatient clinics | Yes | No |
| (d) Other _____
(please specify) | Yes | No |

PART 3C: DATABASE SYSTEMS AND DATA DEVELOPMENT

62. Does your healthcare organization maintain a computerized database documenting the characteristics of your ethnic/cultural staff? Database refers either to management information system (MIS) or human resources information system (HRIS).

Yes No (If no, skip to Q 67)

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

Circle yes if one or more of the above apply.

Yes No (if no, skip to Q 66)

64. Is the database analyzed?

Yes No (if no, skip to Q 66)

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

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

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

67. Does your healthcare organization have written policies that relate to the provision of interpreter/translator services?

Yes No (if no, skip to Q 69)

68. Please describe or attach these policy statements.

69. Are hospital-based interpreter services required in your state or by any regulatory agency?

Yes No Don't know

70. Does your healthcare organization have interpreter/translator services?

Yes No (if no, skip to Q 85)

71. Are your interpreter/translator services

(a) Hospital/Health System based?	Yes	No
(b) Non-hospital based?	Yes	No

If no to (a) and yes to (b), skip to Q 79

If no to (a) and no to (b), skip to Q 85

72. If services are hospital based, is one specific office or department responsible for providing interpretation/translation services?

Yes No (if no, skip to Q 79)

73. What is the name of the office or department?

74. What are the principal duties of this office?

(a) _____

(b) _____

(c) _____

75. If your healthcare organization does not have a specific office dedicated to interpreter/translator services, please identify (a) the office or department; (b) the position title; and (c) how your healthcare organization addresses the language needs of patients and staff.

- (a) _____
- (b) _____
- (c) _____

76. In general, how effective are the hospital-based interpreter/translator services in addressing the needs of your ethnic/cultural population?

1 2 3 4 5
extremely somewhat not effective
effective

77. Does this office or your healthcare organization maintain a central registry documenting requests for interpreter/translator services?

Yes (if yes, skip to Q 79) No

78. How do you track or document the utilization of interpreter/translation services?

79. What kind of non-hospital based interpreter/translator services does your healthcare organization have?

- (a) AT&T phone translation Yes No
- (b) Friend or family Yes No
- (c) Other _____ Yes No
(please specify)

80. Does your system allocate support specifically for interpretation services?

Yes No (if no, skip to Q 85)

81. What is the dollar amount of this support?

82. Has the allocation changed over the past fiscal or calendar year?

Yes No (if no, skip to Q 85)

83. What is the percent change in allocation. Indicate whether the change is positive (+) or negative (-).

84. What percent of your interpreter/translator services is 'paid,' in contrast to voluntary?

STAFF ISSUES

85. Does your healthcare organization have a policy for recruiting bilingual staff?

Yes No

86. Does your healthcare organization give preference in hiring to bilingual staff?

Yes No

87. How or where are translators used?

For Patients:

- | | | |
|----------------------------|-----|----|
| (a) In the emergency room | Yes | No |
| (b) In ambulatory units | Yes | No |
| (c) On inpatient units | Yes | No |
| (d) At discharge | Yes | No |
| (e) On-call for off-shifts | Yes | No |

For Staff:

- | | | |
|---------------------------|-----|----|
| (f) Employment interviews | Yes | No |
| (g) Employee counseling | Yes | No |

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

Yes No (if no, skip to Q 91)

89. How are the interpreters trained?

- | | | |
|-------------------------|-----|----|
| (a) In house training | Yes | No |
| (b) Outside contractors | Yes | No |

90. How effective is this training?

1	2	3	4	5
extremely effective		somewhat		not effective

91. 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 (if no, skip to Q 94)

92. Describe how interpreters and other staff are trained.

93. How effective is this training?

1 2 3 4 5
 extremely somewhat not effective
 effective

94. Does your healthcare organization assess the quality of interpretation services?

Yes No (if no, skip to Q 97)

95. How does your healthcare organization assess the quality of these services?

96. Does your healthcare organization test interpreters in their knowledge of medical technology?

Yes No (if no, skip to Q 98)

97. Are results used to make personnel decisions:

(a) Retrain an interpreter	Yes	No
(b) Evaluate interpreter performance	Yes	No
© Other _____	Yes	No

(please specify)

98. Are interpreters accredited, or otherwise evaluated for proficiency?

Yes No

99. Are medical staff and medical students given any training in communicating with ethnic/cultural minority patients?

Yes No (if no, skip to Q 102)

100. Describe how medical staff and medical students are trained.

101. How effective is this training?

1 2 3 4 5
 extremely somewhat not effective
 effective

PATIENT ISSUES

102. Does your healthcare organization identify languages spoken in your service community?

Yes No

103. How does your healthcare organization identify patients needing interpretation and translation?

- | | | |
|---|-----|----|
| (a) Identification by admissions assessment | Yes | No |
| (b) Identification by nursing assessment | Yes | No |
| (c) Identification by physician | Yes | No |
| (d) Medical support staff assessment | Yes | No |
| (e) Self-identification | Yes | No |
| (f) Other _____ | Yes | No |
| (please specify) | | |

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

Language	% of Patients

Language	% of Staff

105. Estimate the percentage of patients served by your hospital who require interpreter services:

106. Does your healthcare organization measure patients' satisfaction with your hospital's interpreter/translator services?

Yes No

107. Please indicate up to four (4) languages for which you have the highest demand for interpretation or translation.

Languages	Percent of all requests

108. How does your healthcare organization acquire translated materials? Circle all that apply

- | | | |
|--|-----|-----|
| (a) Translated by hospital staff or person hired by contract | Yes | No |
| (b) Translations by volunteers | Yes | No |
| (c) Translations purchased from professional translator | Yes | No |
| (d) Translated material secured from another hospital facility | | Yes |
| No | | |
| (e) Translated material secured from other (non-hospital) agency or organization | Yes | No |
| (f) Other _____
(please specify) | Yes | No |

109. What materials are translated into other languages?

For Patients:

- | | | |
|------------------------------------|-----|----|
| (a) Patient education materials | Yes | No |
| (b) Patient menu | Yes | No |
| (c) Patient satisfaction survey | Yes | No |
| (d) Marketing/Advertisements | Yes | No |
| (e) Billing information | Yes | No |
| (f) Directions to sites/services | Yes | No |
| (g) Patient directives (e.g. DNRs) | Yes | No |
| (h) Medication instructions | Yes | No |

For Staff:

- | | | |
|----------------------------|-----|----|
| (a) Employee handbook | Yes | No |
| (b) Employee newsletters | Yes | No |
| (c) Employment application | Yes | No |

110. Does your healthcare organization have programs designed to address the needs of hearing or sight-impaired patients?

Yes No

If yes, please describe: _____

111. Does your healthcare organization provide interpreter services for the hearing or sight impaired patients?

Yes No

112. Does your healthcare organization have special clinical or educational programs for gay/lesbian patients?

Yes No

If yes, please describe: _____

113. Does your healthcare organization have special clinical or education programs for the physically disabled?

Yes No

If yes, please describe: _____

114. Does your healthcare organization have special clinical or education programs for the mentally disabled?

Yes No

If yes, please describe: _____

PART 3E: BUSINESS STRATEGIES ATTRACTING PATIENTS FROM DIVERSE CULTURES

115. 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? | 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 _____ | Yes | No |
| (please specify) | | |
| 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 _____ | Yes | No |
| (please specify) | | |
| If yes, how long have you had this initiative? _____(in years) | | |
| If no, do you have plans to undertake such an initiative? | Yes | No |

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

Yes No (if no, skip to Q 121)

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

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

Yes (if yes, skip to Q 121) No

119. What groups are omitted?

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

120. What groups are included?

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

121. Has consideration of ethnic/cultural minority patient issues been incorporated into your healthcare organization's Quality Improvement efforts?

Yes No

122. Please describe how this has been done.
