Cultural Competency Organizational Self Assessment (OSA) Question Bank

AETC
AIDS EDUCATION &
TRAINING CENTERS

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Using the Question Bank

Overview of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. The Cultural Competency Organizational Self Assessment (OSA) Question Bank is founded primarily on the CLAS standards in healthcare as published on December 22, 2000. Fourteen CLAS standards were issued on that date by the Department of Health and Human Services, Office of Minority Health (OMH) to "correct inequities that currently exist in the provision of health care services" and "contribute to the elimination of racial and ethnic disparities and to improve the health of all Americans." (U.S. Department of Health and Human Services, OPHS, Office of Minority Health, 2001, p. 1) The 14 standards are thematically organized: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). While standards focused on language access are the only current federal mandates (any agency that receives federal funding must comply with Standards 4-7), the Office of Minority Health has recommended that all other Standards (except Standard 14) be adopted as mandates by federal, state, and national accrediting agencies.

The OSA subgroup, of the AIDS Education and Training Centers (AETC) Cultural Competence and Multicultural Care Workgroup, reviewed hundreds of questions included in the OMH guide for implementing CLAS standards, identified questions most appropriate to AETC work, and chose a relatively small number of questions to include in the final version of the Cultural Competency OSA Question Bank. Questions were grouped into themes that became the six modules in this Question Bank.

Module Topics. The Question Bank is comprised of six modular topics also thematically organized: Client and Community Input, Diverse and Culturally Competent Staff, Evaluation and Data Management, Language and Interpreter Services, Organizational Policies and Procedures, and Client and Provider Relations. Thematic categories are intended to reflect AETC foci and activities. Each module contains several questions to elicit a rich description of an organization's current level of cultural competency and additional needs that AETCs can integrate into their education and training planning and programs.

How To Use the Question Bank. The Question Bank is intended for use in whole or in part dependent on user needs. An AETC can choose to administer one or more of the modules or pick and choose questions from within or across modules to construct a unique OSA tool. Likewise, questions can be integrated into current assessment tools. More defined uses of the OSA Question Bank are discussed below. Whether the Question Bank is used as a whole or in part, it is essential that the user always ask "why" to get a better understanding of the issue at hand.

Instructions For Completing the Questions. Within the Question Bank, there is an array of questions in a variety of formats that cover a multitude of topics. Be aware that questions have been separated by module topics, and answers should be a reflection of the categories.

This tool was developed by the Organizational Self Assessment subset of the AETC Cultural Competence and Multicultural Care Workgroup. December 2006

There are three different question styles within the Question Bank. Each style has its own unique method of being answered. Please read each question carefully to ensure your answers are complete and appropriate.

The first question style used is short answer. Be precise and brief in your responses. One or two well structured sentences should suffice. If you feel that not enough space was given to properly answer the question or you would like to further explain a response, please finish your explanation on a separate sheet. Properly label the additional sheet with section title and question number.

The second question style is a scale question. You will be asked a question and then using a scale, place a mark as to the most appropriate response. Each question may use a different scale, therefore read the scale information carefully before you answer the question.

The third question style is multiple-choice. Options are given to each question and you must simply check off the applicable response. Please be aware that some of these questions may ask for a *single box* to be checked and others will ask you to *check all that apply*. Please read the question carefully to properly answer the question.

Some of the questions have sub-questions. The purpose of these sub-questions is to allow for more detailed responses. Sub-questions will also be in one of the three question styles. They have been designated as sub-questions by the addition of a lower case letter to their order number (i.e. 5a, 5b, etc).

Glossary of Terms.

> **Client (other options are consumer or patient):** Individuals, including accompanying family members, guardians, or companions, seeking physical or mental health care services, or other health-related services. (U.S. Department of Health and Human Services, Office of Minority Health)
>
> **Cultural Competence:** A set of congruent behaviors and policies that come together in a system, agency, or among professionals that enable effective work in cross-cultural situations. (National Minority AETC)
>
> **Faith-Based Organization:** Following the Office of Management and Budget (OMB) guidelines, faith-based organizations include: (1) a religious congregation (church, mosque, synagogue, temple, etc.); (2) an organization, program or project sponsored/hosted by a religious congregation (may be incorporated or not incorporated); (3) a nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board embers that clearly sites in its name incorporation, or mission statement that it is a religiously motivated institution; or (4) a collaboration of organizations that clearly and explicitly includes organizations from the previously described categories. (Corporation for National and Community Service)
>
> **Literacy:** The ability to obtain, process, and understand information. (Institute of Medicine of the National Academies, 2004)

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Minority Business: a proprietorship, partnership, corporation or joint-venture that is 51% owned, operated and controlled by United States citizens who are members of the following racial groups: African American, Asian American, Hispanic American and Native American.

Minority Community-Based Organization: A community-based organization that either serves minority populations or is a proprietorship, partnership, corporation or joint-venture that is 51% owned, operated and controlled by United States citizens who are members of the following racial groups: African American, Asian American, Hispanic American and Native American.

Minority Cultural Group: Specific cultural group, related to age, gender, sexuality, socioeconomic status, etc., within a minority population.

Minority Serving Business: A business, either minority-owned/managed or not, whose target audience is minority populations.

Outcomes Data: Data that enumerates (quantitative) and/or describes (qualitative): 1) health benefits or changes in health status of clients during or after receiving clinical services; or 2) a program's progress in obtaining desired results. (adapted from HRSA/HAB guidance on outcomes, 2002)

Uses of an OSA

Healthcare organizations "are recognizing the need to enhance services for culturally and linguistically diverse populations. Assessing attitudes, practices, policies, and structures of administrators and providers is a necessary, effective, and systematic way to plan for and incorporate cultural competence within an organization." (Georgetown University Center for Child and Human Development, National Center for Cultural Competence)

"The capacity to engage in self-assessment helps organizations to:

- gauge the degree to which they are effectively addressing the needs and preferences of culturally and linguistically diverse groups;
- establish partnerships that will meaningfully involve clients and key community stakeholders;
- improve client access to and utilization of services and enabling supports;
- increase client satisfaction with services received;
- strategically plan for the systematic incorporation of culturally and linguistically competent policies, structures, and practices;
- allocate personnel and fiscal resources to enhance the delivery of services and enabling supports that are culturally and linguistically competent; and
- determine individual and collective strengths and areas for growth."

(Georgetown University Center for Child and Human Development, National Center for Cultural Competence)

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How to Interpret What You Find From an OSA

"It is important that the team completing an OSA 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 clients 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 self assessment will help the healthcare organization gain a broad perspective of its policies, programs, and procedures relevant to cultural concerns." (*Conducting a Cultural Competence Self Assessment*, p. 7)

For assistance developing, implementing, or assessing an OSA, please contact the National Minority AETC at (202) 865-8146

This tool was developed by the Organizational Self Assessment subset of the AETC Cultural Competence and Multicultural Care Workgroup. December 2006

Client and Community Input Module

Question 1:
Does your organization regularly work and/or consult with your community's minority cultural groups regarding the forms of HIV care and services which should be made available to their members? [3]

□ Yes   □ No

Question 2:
List the important minority community-based organizations and/or faith-based organizations affiliated with each client population in the service area.[3]

_____

_____

_____

Question 3:
List other forms of community group involvement and/or support that the institution is currently engaged in or desires to implement in the future.[3]

_____

_____

_____

Question 4:
Describe any HIV-related tests or treatments that some members of the community find inappropriate.[3]

_____

_____

_____

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Client and Community Input Module

Question 5:
List the five main racial/ethnic groups in the organization's service area and the percentage of the total population that each subgroup represents in the space below.[3]

_____

_____

_____

_____

_____

> **5a**. Are there any significantly large populations in the area who are not utilizing the organization's services?[3]
>
> □ Yes   □ No
>
> **5b.** If yes to question 5a, has the organization considered this might indicate that members of these groups do not believe that the institution is a welcoming, comfortable place?[3]
>
> □ Yes   □ No

Question 6:
What are the three primary health concerns in your community and how well do the members of your organization feel the healthcare institution addresses these concerns?[3]

1 Primary Health Concern: _____

_____ Very well   _____ Well   _____ Somewhat well   _____ Not well at all

#2 Primary Health Concern: _____

_____ Very well   _____ Well   _____ Somewhat well   _____ Not well at all

#3 Primary Health Concern: _____

_____ Very well   _____ Well   _____ Somewhat well   _____ Not well at all

Client and Community Input Module

Question 7:
Does your agency conduct periodic needs assessments of community needs?[2]

□ Yes   □ No   □ Don't know   □ Declined

> **7a.** If yes, which of the following community groups are involved in these needs assessments?[2]
>
> *MARK ALL THAT APPLY*
> □ Community advisory body
> □ Community-based organizations
> □ Faith-based organizations representing local communities
> □ Civic organizations representing local communities
> □ Client or advocacy groups representing local communities
> □ Local health or government officials
> □ Other, please specify _____
> □ Don't know
> □ None of the above

Question 8:
Are there partnerships between your healthcare institution and the following organizations?[3]

1. HIV/AIDS Serving Organizations	□ Yes	□ No
2. Community-Based Organizations	□ Yes	□ No
3. Outreach Programs	□ Yes	□ No
4. Minority Businesses	□ Yes	□ No
5. Minority-Serving Businesses	□ Yes	□ No
6. Faith-Based Organizations	□ Yes	□ No

> **8a.** If no, please explain.
>
> _____
>
> _____
>
> _____

Question 9:
In your opinion, how do clients view your organization?[3]

_____

_____

_____

Client and Community Input Module

Question 10:
Does your agency use community advisory boards or other similar entities to address community and client issues specifically related to the cultural groups represented by your clients?[2]

☐ Yes   ☐ No   ☐ Declined

Question 11:
In what ways does your community advisory body assist you in providing services specifically for culturally diverse groups?[2]

MARK ALL THAT APPLY
- ☐ Planning and designing culturally appropriate health services.
- ☐ Assessing community and clients' needs.
- ☐ Monitoring and evaluating quality of services.
- ☐ Developing plans, protocols, and policies related to provision of services.
- ☐ Providing input in other agency-wide policy formulation and development.
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above

Question 12:
What relationships does the healthcare organization have with particular community groups and how have these relationships affected cultural competency efforts (community businesses under contract, initiatives with neighborhood health centers, etc.)?[2]

_____

_____

_____

Question 13:
What community outreach actions have been taken by the healthcare organization (e.g. health education programs, materials and forums for various cultural groups, community support for clients of various cultural backgrounds)?[2]

_____

_____

_____

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Diverse and Culturally Competent Staff Module

Question 1:
Please describe your client population.

_____

_____

_____

Question 2:
Are services, programs, etc. available to clinicians and staff regarding cultural competency toward clients and co-workers? [1]

□ Yes   □ No

    2a. If yes, what kind?[1] _____

Question 3:
Indicate for which categories cultural competency training is available and/or required.[2]

MARK ALL THAT APPLY

	Available	*Required*
Executive level administrators	□	□
Supervisors and program managers	□	□
Client services staff	□	□
Physicians	□	□
Dentists	□	□
Physician assistants and nurse practitioners	□	□
Nursing professionals	□	□
Pharmacy, lab and x-ray professionals	□	□
Allied or associated health professionals (e.g. (case managers, nutritionists, intake specialists)	□	□
Front line personnel (e.g. appointment clerks, receptionists, secretaries)	□	□
Information specialists	□	□
Others, please specify _____	□	□

□ Don't know
□ None of the above
□ Not applicable

Diverse and Culturally Competent Staff Module

Question 4:
Indicate if the below identified professionals participate in cultural competency training on a one-time basis or continuous basis.[2]

	One Time		Continuous		Don't know
	At Orientation	Later	Annually	Less Regularly	
Executive level administrators	☐	☐	☐	☐	☐
Supervisors and program managers	☐	☐	☐	☐	☐
Client services staff	☐	☐	☐	☐	☐
Physicians	☐	☐	☐	☐	☐
Dentists	☐	☐	☐	☐	☐
Physician assistants and nurse practitioners	☐	☐	☐	☐	☐
Nursing professionals	☐	☐	☐	☐	☐
Pharmacy, lab and x-ray professionals	☐	☐	☐	☐	☐
Allied or associated health professionals	☐	☐	☐	☐	☐
Front line personnel	☐	☐	☐	☐	☐
Information specialists	☐	☐	☐	☐	☐
Others, please specify _____	☐	☐	☐	☐	☐

Diverse and Culturally Competent Staff Module

Question 5:
Which of the following client groups are addressed in the cultural competency training provided or assured by your department and/or organization? [2]

MARK ALL THAT APPLY
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian American/Pacific Islander
- ☐ Native Hawaiian
- ☐ American Indian or Alaska Native
- ☐ Caucasian, Non-Hispanic
- ☐ Recent immigrants born and/or raised in countries outside of the U.S.
- ☐ Women
- ☐ Religious minorities(e.g., Christian Scientists, Muslims, Orthodox, Jews)
- ☐ Sexual minorities (e.g., gays, lesbians)
- ☐ Transgender persons
- ☐ The elderly
- ☐ Persons with physical limitations or disabilities
- ☐ Persons with mental disabilities
- ☐ Low-literate or illiterate persons
- ☐ Persons with limited English proficiency
- ☐ Low income or poor
- ☐ Rural populations
- ☐ Homeless persons
- ☐ Other, please specify _____
- ☐ Don't know

Question 6:
What structure exists to provide or assure cultural competency training? [2]

MARK ALL THAT APPLY
- ☐ Budget line that allocates funds for cultural competency training
- ☐ Internal staff member(s) who deliver(s) training
- ☐ External trainers from state or local government offices
- ☐ External trainers from some other agency (e.g., AETCs; community based agencies; etc.)
- ☐ Standardized training curricula and materials
- ☐ Other, please specify _____

Diverse and Culturally Competent Staff Module

Question 7:
What challenges to providing cultural competency training for staff has your agency experienced?[2]

_____

_____

_____

       7a. If challenges were experienced, how were they overcome?

         _____

         _____

         _____

Question 8:
What steps does your agency take to support or encourage the development of a diverse staff?[2]

_____

_____

_____

Question 9:
Which of the following strategies does your agency utilize to recruit staff that reflect the diversity of your clients?[2]

MARK ALL THAT APPLY
- ☐ Agency newsletter or publication
- ☐ Major regional newspaper
- ☐ Community/neighborhood newspapers or publications
- ☐ Minority newspapers or publications
- ☐ Local broadcast media (radio or television)
- ☐ Websites
- ☐ Contact leaders and liaisons involved with community health issues and networks (i.e., client groups, advocacy groups, local health officials)
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ None of the above

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Diverse and Culturally Competent Staff Module

Question 10:
Identify areas for improvement related to cultural diversity among employees and/or clients.[3]

_____

_____

_____

Question 11:
Is the cultural diversity of your staff reflective of the cultural diversity of your community?[3]

_____

_____

_____

Question 12:
List any procedures implemented that might be taken to encourage minority staff to apply for promotions within the organization.[3]

_____

_____

_____

Question 13:
Please describe the presence of culturally diverse staff at various levels in your institution (e.g., administration, front line, support).[3]

_____

_____

_____

Evaluation and Data Management Module

Question 1:
Please describe your client population.

_____

_____

_____

Question 2:
What information does your agency collect on the quality of services provided to your clients?[2]

_____

_____

_____

Question 3:
Does quality improvement (QI) information collection include specific activities related to culturally and linguistically appropriate services?[2]

□ Yes   □ No   □ Don't Know

Question 4:
Which of the following QI activities are used to collect information on the quality of culturally and linguistically appropriate services provided?[2]

MARK ALL THAT APPLY
    □ Collection, review, and analysis of quality outcomes data
    □ Client satisfaction surveys
    □ Grievance and complaint tracking
    □ Chart reviews or audits
    □ Client focus groups
    □ Other, please specify _____
    □ Don't know
    □ None of the above

Evaluation and Data Management Module

Question 5:

Does your agency conduct periodic assessments of the needs of employed staff, contractors, and/or partnership members to better serve culturally and linguistically diverse clients?[2]

□ Yes   □ No   □ Don't Know

Question 6:

How is your cultural competency training program evaluated for effectiveness?[2]

MARK ALL THAT APPLY
    □ Supervisor survey
    □ Participant survey
    □ Participant credentialing examination or exercise
    □ Participant pre- and post-tests of knowledge, attitudes, skills
    □ Client satisfaction survey
    □ Client exit interview
    □ Other, please specify _____
    □ Don't know
    □ None of the above
    □ Not applicable

Evaluation and Data Management Module

Question 7:
Does your agency's client information database record the following?[2]

1. Cultural Identity
    ☐ Yes, for all clients   ☐ Yes, for certain clients   ☐ No   ☐ Don't know

2. Racial Identity
    ☐ Yes, for all clients   ☐ Yes, for certain clients   ☐ No   ☐ Don't know

3. First Language
    ☐ Yes, for all clients   ☐ Yes, for certain clients   ☐ No   ☐ Don't know

4. Health Literacy
    ☐ Yes, for all clients   ☐ Yes, for certain clients   ☐ No   ☐ Don't know

5. Reading and Writing Literacy
    ☐ Yes, for all clients   ☐ Yes, for certain clients   ☐ No   ☐ Don't know

6. Vision
    ☐ Yes, for all clients   ☐ Yes, for certain clients   ☐ No   ☐ Don't know

7. Hearing
    ☐ Yes, for all clients   ☐ Yes, for certain clients   ☐ No   ☐ Don't know

8. Cognitive
    ☐ Yes, for all clients   ☐ Yes, for certain clients   ☐ No   ☐ Don't know

9. Mental/Emotional
    ☐ Yes, for all clients   ☐ Yes, for certain clients   ☐ No   ☐ Don't know

10. Health Beliefs/Values
    ☐ Yes, for all clients   ☐ Yes, for certain clients   ☐ No   ☐ Don't know

Language and Interpreter Services Module

Question 1:
Please describe your client population.

_____

_____

_____

Verbal Communication

Question 2:
What languages are spoken by your client population?

MARK ALL THAT APPLY
- ☐ English
- ☐ Spanish
- ☐ Russian
- ☐ Korean
- ☐ Chinese
- ☐ Japanese
- ☐ Mandarin
- ☐ Farsi
- ☐ Other, please specify _____

Question 3:
Which of the following interpretation services are available to your clients?2

- ☐ Telephone interpreter language line
- ☐ Bilingual and/or bicultural non-clinical staff
- ☐ Bilingual and/or bicultural clinical staff
- ☐ Full-time staff interpreters
- ☐ Contracted interpreters
- ☐ Volunteer interpreters
- ☐ Simultaneous interpretation
- ☐ Sign language interpreters
- ☐ Other, please specify: _____
- ☐ No formal services available; utilize assistance from members' families and friends
- ☐ Don't know
- ☐ None of the above

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Language and Interpreter Services Module

Question 4:
What methods are used by your agency to determine the need for interpretation services?[2]

MARK ALL THAT APPLY
- ☐ Number or percent of persons in the community who speak a language other than English
- ☐ Number or percent of clients who speak a language other than English
- ☐ Identification of clients with low literacy
- ☐ Client requests/demand
- ☐ Staff requests/demand
- ☐ Other, please specify: _____
- ☐ Don't know
- ☐ None of the above

Question 5:
Which of the following methods are used to inform clients of the availability of bilingual speakers and interpretation services in your agency?[2]

MARK ALL THAT APPLY
- ☐ Translated informational documents
- ☐ Translated recorded messages on telephone lines
- ☐ Translated signage and notices at key points of contact throughout the agency
- ☐ Other, please specify: _____
- ☐ Don't know
- ☐ None of the above

Question 6:
Are medical staff and medical students given any training in directly communicating with culturally diverse clients?[1]

☐ Yes   ☐ No

    6a. If yes, describe how.[1] _____

Question 7:
Are medical staff and medical students given any training in accessing interpreter services for clients who speak other than English as a first language?[1]

☐ Yes   ☐ No

    7a. If yes, describe how.[1] _____

Language and Interpreter Services Module

Question 8:
How does your healthcare organization measure clients' satisfaction with your hospital's interpreter/translator services?[1]

_____

_____

_____

Written Communication

Question 9:
Which of the following types of written materials are available to your clients in one or more languages other than English?[2]

MARK ALL THAT APPLY
- ☐ In-take forms/outreach assessment forms
- ☐ Materials regarding services available to clients
- ☐ Materials on how to access and appropriately use services
- ☐ Health education materials
- ☐ Client care instructions and forms
- ☐ Medication instructions and forms
- ☐ Grievance/complaint procedures and forms
- ☐ Client satisfaction questionnaires/surveys
- ☐ Notification of language assistance
- ☐ Other, please specify: _____
- ☐ None of the above

Language and Interpreter Services Module

Question 10:
Which of the following activities are used to develop written materials in languages other than English?[2]

MARK ALL THAT APPLY
- ☐ Verbatim translations from English into other languages
- ☐ Translations (into other languages) that are sensitive to specialized terms or concepts used in both languages
- ☐ Translations (into other languages) that are prepared for the reading levels needed by persons with limited English proficiency (LEP)
- ☐ Community input to ensure cultural sensitivity and appropriateness (e.g., pretest with focus groups, community-based organizations, or members with LEP)
- ☐ Translated materials (from English into other languages) are back-translated into English
- ☐ Materials are originally developed in languages other than English
- ☐ Don't know
- ☐ None of the above

Question 11:
What methods are used by your agency to determine the need for translation of written materials into languages spoken by your clients?[2]

MARK ALL THAT APPLY
- ☐ Number or percent of persons in the community who speak a language other than English
- ☐ Number or percent of clients who speak a language other than English
- ☐ Client requests/demand
- ☐ Staff requests/demand
- ☐ Outreach worker reports
- ☐ Other, please specify: _____
- ☐ Don't know
- ☐ None of the above

Question 12:
Which of the following methods are used to inform clients of the availability of translated documents and materials?[2]

MARK ALL THAT APPLY
- ☐ Translated inserts in general documents (e.g. brochures, manuals)
- ☐ Translated recorded messages on telephone lines
- ☐ Interpreters in reception area
- ☐ Translated signage and notices at key points of contact throughout the agency
- ☐ Other, please specify: _____
- ☐ Don't know
- ☐ None of the above

Language and Interpreter Services Module

Question 13:
Is there a specific budget line in your agency for the allocation of funds to support translation of written documents and materials into languages spoken by your clients?[2]

□ Yes   □ No   □ Don't Know

       13a. If so, is the amount allocated suitable for supporting translation expenses?

       □ Yes   □ No   □ Don't Know

Organizational Policies and Procedures Module

Question 1:
Please describe your client population.

_____

_____

_____

Question 2:
Through what venues does the organization publish staff openings?[3]

_____

_____

_____

      2a. How likely are these venues to recruit qualified minority as well as mainstream applicants?[3]

      _____

      _____

      _____

Question 3:
What are the major organizational obstacles (policies, organizational characteristics) to enacting cultural competency among staff, clients, providers, etc.?[1]

_____

_____

_____

      3a. What are the major organizational characteristics that enhance the cultural competency of the healthcare organization?[1]

      _____

      _____

      _____

Organizational Policies and Procedures Module

Question 4:
To what degree are there strategies in place to recruit/retain actively a culturally diverse management and administration?[1]

1	2	3	4
No strategy	Few strategies	Some strategies	Many strategies

    4a. Please explain.

_____

_____

_____

Question 5:
To what degree are there strategies in place to recruit/retain actively a culturally diverse client care services staff?[1]

1	2	3	4
No strategy	Few strategies	Some strategies	Many strategies

    5a. Please explain.

_____

_____

_____

Question 6:
Has consideration of minority client cultural issues been incorporated into your healthcare organization's Quality Improvement efforts?[1]

□ Yes   □ No   □ Don't know

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Organizational Policies and Procedures Module

Question 7:
Does your agency conduct periodic assessments of the needs of employed staff, contractors, and/or partnership members to better serve culturally and linguistically diverse clients?[2]

□ Yes   □ No   □ Don't know

7a. If yes, how?

_____

_____

_____

Question 8:
How does your agency encourage staff, contractors, and/or partnership members to participate in cultural competency training?[2]

MARK ALL THAT APPLY
- □ Opportunities to participate during work hours
- □ Opportunities to participate outside of work hours
- □ Opportunities to participate at no cost to staff
- □ Awards or certificates of achievement granted to those who successfully complete such training
- □ Registry maintained of names and dates of all employees, contractors, and/or partnership members who have completed such training
- □ Other, please specify _____
- □ Don't know
- □ None of the above

Client and Provider Relations Module

Question 1:
Please describe your client population.

_____

_____

_____

Question 2:
Have medical caregivers been given written guidelines regarding working with clients from other religions, cultures, or language backgrounds?[3]

□ Yes   □ No   □ Don't know

    2a. If yes, how?

    _____

    _____

    _____

Question 3:
Have caregivers been taught specific strategies for taking an accurate history and physical on culturally and linguistically diverse clients?[3]

□ Yes   □ No   □ Don't know

    3a. If yes, describe.

    _____

    _____

    _____

Question 4:
Staff are aware of the types of medications, procedures, and/or medical approaches which might be forbidden by cultural and/or religious standards or values.[3]

□ Yes   □ No   □ Don't know

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Client and Provider Relations Module

Question 5:
Caregivers know the dietary and eating habits of their client groups and take these into account when giving clients a special diet or advice concerning food to favor or to avoid.[3]

☐ Yes   ☐ No

Question 6:
The pictures, decorations, etc. are welcoming or reflective of members of other cultures.[3]

☐ Yes   ☐ No

Question 7:
Are culturally appropriate signage, reading materials, etc. available in waiting areas?[3]

☐ Yes   ☐ No

Question 8:
Are appropriate areas for prayer, contemplation and/or family discussion available?[3]

☐ Yes   ☐ No

Question 9:
Which of the following are provided or assured by your agency?[2]

MARK ALL THAT APPLY
- ☐ Scheduled days and hours of operation other than the usual 8 a.m. to 5 p.m. range
- ☐ Dietary options in cafeteria or food service areas that reflect the cultural beliefs and behaviors of your clients
- ☐ Signage and directions translated and available in predominant languages of service population
- ☐ Signage in braille at critical points of service for the blind
- ☐ Print materials prepared in larger fonts for older and visually-impaired audiences
- ☐ Use of language identification cards to identify the language spoken by clients
- ☐ Handicapped access to all key entryways, exits, and service areas
- ☐ Services for deaf and hard of hearing clients, including phones and personnel trained in American Sign Language
- ☐ Publicly disseminated annual report or publication of agency's efforts to provide culturally and linguistically appropriate services
- ☐ Other, please specify _____
- ☐ None of the above

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Question 10:
In addressing the cultural needs of clients throughout the continuum of their care, do you provide the following? If you do, how well do they work?[1]

a. Appointment systems tailored for cultural minority populations in outpatient or specialty clinics.

□ Yes   □ No

If yes, please rate how well it works.

1	2	3	4	5
extremely well		somewhat		not at all

b. Protocols for addressing cultural and language interpreting needs

□ Yes   □ No

If yes, please rate how well it works.

1	2	3	4	5
extremely well		somewhat		not at all

c. Signs that direct clients to language/cultural assistance

□ Yes   □ No

If yes, please rate how well it works.

1	2	3	4	5
extremely well		somewhat		not at all

d. Accommodations for religious preferences of clients

□ Yes   □ No

If yes, please rate how well it works.

1	2	3	4	5
extremely well		somewhat		not at all

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e. Accommodations for the cultural dietary preferences of clients

□ Yes   □ No

If yes, please rate how well it works.

1	2	3	4	5
extremely well		somewhat		not at all

f. Culture-specific discharge planning

□ Yes   □ No

If yes, please rate how well it works.

1	2	3	4	5
extremely well		somewhat		not at all

g. Other_____

□ Yes   □ No

If yes, please rate how well it works.

1	2	3	4	5
extremely well		somewhat		not at all

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