Organizational Cultural Competence: Self-Assessment Tools for Community Health and Social Service Organizations

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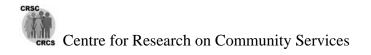
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Table of Contents

Executive Summary
I. Description of Project and Methodology
II. Definition of Organizational Cultural Competence7
III. Self-Assessment of Organizational Cultural Competence
Benefits of Conducting a Self-Assessment Cultural Competence8
Assessment of Organizational Cultural Competence
Steps for conducting an Organizational Assessment of Cultural Competence
IV. Selection of a Self-Assessment Tool for CCHC
Criteria for the Selection of a Self-Assessment tool12
Description of the Selected Self-Assessment tools
V. Recommendations
References
Appendix B: Standards and Indicators of Organizational Cultural Competence22
Appendix C: Tool 1
Appendix D: Tool 2
Appendix E: Tool 3
Appendix F: Cultural Competency Evaluation Matrix



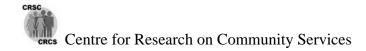
Executive Summary

I. Description of Project

In February 2004, Centretown Community Health Centre (CCHC) conducted an organizational self-assessment of its cultural competence. This evaluation highlighted a need to (*a*) identify standards related to cultural competence and (*b*) to identify pertinent tools that could be used for the evaluation of cultural competence at the organizational level. The CCHC requested the services of the Centre for Research on Community Services (CRCS) to meet these two objectives. At a prior stage, the literature on cultural competence was reviewed and a set of standards that define a culturally competent organizational *Cultural Competence for Community Health and Social Service Organizations*: Olavarria, Beaulac, Bélanger, Young, & Aubry, 2005). The purpose of this report is to identify and review the most relevant assessment tools for the set of organizational cultural competency standards outlined in our first report and to make recommendations regarding the future evaluation of organizational cultural competence at CCHC.

II. Definition of Organizational Cultural Competence

When discussing cultural competence, it is important to distinguish between the cultural competence of individual providers of health care and social services and cultural competence at the organizational level. At the individual level, three main components are needed to become culturally competent: a sensitivity and understanding of one's own cultural identity; having knowledge of other cultures' beliefs, values and practices; and, having the skills to interact effectively with diverse cultures. At an organizational level, cultural competence refers to a set of congruent attitudes, practices, policies, and structures that come together in a system or agency and enables professionals to work more effectively in cross-cultural situations. According to the literature, organizational cultural competence requires five essential elements: valuing diversity, conducting cultural self-assessments, managing the dynamics of difference, institutionalizing cultural knowledge, and adapting to diversity. The distinction between individual and organizational cultural competence is important, as organizational cultural competence includes both individual- and institutional-level cultural competence. Therefore, a self-assessment of an organization's cultural competence will not only evaluate cultural competence of its staff but also that of the organization as a whole.



III. Self-Assessment of Organizational Cultural Competence

There are multiple benefits to conducting an assessment of cultural competence. It helps determine an organization's areas of strength and current level of cultural competence. It allows the examination of the level of growth, both at the systemic and individual level that the organization has attained. Furthermore, it allows for strategic planning with shorter and longer term goals, such as assigning resources for specific objectives.

To obtain these benefits, a self-assessment of organizational cultural competence must critically examine the attitudes, practices, policies, and structures that are in place within an organization. To do so, it must examine the attainment of the standards of cultural competence the organization has adopted. The relevant culturally competent standards that have been identified for CCHC have been organized into the following five domains: (1) organizational norms, principles, and policies (2) asset and need identification (3) human resources and management: policies and practices (4) services and service delivery, and (5) community consultation, partnership, and information exchange.

Although the logistics of a self-assessment will vary depending on the setting, several steps are recommended to ensure a smooth and efficient process. Developing a committee or working group with specific duties such as data collection, evaluation and reporting of the results is an initial step. The availability of the necessary funds for the evaluation, developing a timeline, and obtaining the explicit support of management are also important elements for the self-assessment of organizational cultural competence. Preparing stakeholders for the self-assessment process by explaining the objectives of the evaluation and issues of confidentiality, in addition to addressing their concerns, will also be essential to ensuring the cooperation of stakeholders and thus, the accuracy of the information gathered.

IV. Selection of a Self-Assessment tool for CCHC

When selecting a self-assessment tool, it is important to consider several key elements, such as the reliability and validity of the tool, its comprehensiveness, and practicality. These key elements were identified in the literature and taken into consideration when narrowing down the selection of potentially relevant tools to those most appropriate for CCHC. Given these criteria, in addition to examining the fit of the tool to cultural competency theory and the organizational cultural competency standards identified for CCHC, three assessment tools were selected as containing key dimensions that were deemed relevant for evaluating the cultural competency of CCHC: the *Cultural Competence Self Assessment Protocol for Health Care Organizations and Systems*, the *Cultural Competence Self-Assessment Questionnaire*, and the *Cultural Competency Assessment Scale*.

The selected self-assessment tools for organizational cultural competency are strong in several respects. Importantly, the three measures reflected the majority of the standards that have been identified as relevant to assessing cultural competency for CCHC. Unfortunately, no one specific measure was exhaustive enough to cover all of the cultural competency standards identified for CCHC. However, a combination of the three measures does provide the necessary pieces to form a comprehensive and practical self-assessment tool of cultural competency for CCHC. As a whole, the reliability and validity of these selected tools is uncertain. However, the selected measures are among the most commonly used in the area of organizational cultural competence. Moreover, all three tools are derived from the models and components of individual and organizational cultural competence theory.



V. Recommendations for the Self-Assessment of Cultural Competencies of CCHC

Based on the information presented and discussed in the present report, we recommend the following steps to CCHC: (1) develop an internal cultural competency committee or identify an already formed committee at CCHC to oversee the self-assessment process; (2) mandate the cultural competency committee or working group to compile the identified assessment tools to form a comprehensive cultural competency self-assessment tool for CCHC; (3) add a demographic section to the questionnaire that will allow CCHC to gather relevant statistics on the evaluation participants' characteristics, while at the same time ensuring that the assessment process is anonymous; (4) divide the questionnaire into independent sections and clearly identify the relevant respondents for each section; (5) create benchmarks for the relevant indicators; (6) prepare all stakeholders for the self-assessment process (e.g., hold discussion periods for staff/volunteers on the rationale for conducting a self-assessment); (7) address clearly issues related to confidentiality to minimize biases and other concerns; (8) ensure transparency of the cultural competency self-assessment process; (9) conduct a thorough cultural competency selfassessment of CCHC; (10) evaluate the self-assessment results, including the reliability and validity of any organizational cultural competency measure(s) implemented at CCHC; (11) report on the self-assessment process and findings, both internally and externally; (12) create an action plan to help move CCHC forward along the continuum of cultural competency; (13) determine the timeline for the action plan and the next self-assessment.

Organizational Cultural Competency Self-Assessment Tool for CCHC

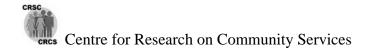
I. Description of Project and Methodology

In February 2004, a self-assessment conducted by the CCHC on its organizational cultural competence, allowed the organization to identify its strengths in cultural competence as well as the areas where improvements would be necessary. Of particular importance, this evaluation highlighted a need to identify standards related to cultural competence and tools that could be used for the evaluation of cultural competence at the organizational level. To meet this recommendation, the CCHC requested the services of the Centre for Research on Community Services (CRCS).

The aim of this project was twofold. The first objective was to review the literature on cultural competence in order to identify a set of standards that define a culturally competent organization that could be used as a point of reference for CCHC (see Report 1 *Standards of Organizational Cultural Competence for Community Health and Social Service Organizations:* Olavarria, Beaulac, Bélanger, Young, & Aubry, 2005). The second objective was to identify and review the most relevant assessment tools for the set of organizational cultural competency standards of organization of organizational cultural competence at CCHC.

This report intends to respond to the second objective reviewing the literature on the selfassessment of organizational cultural competence. The key elements of organizational cultural competence outlined in Report 1 serve as the foundation for this report. Furthermore, this second report also outlines the main steps for conducting an evaluation of organizational cultural competence and reviews three assessment tools that are considered to be the most appropriate for measuring organizational cultural competency for CCHC. Subsequently, a series of recommendations are presented for CCHC regarding the assessment of organizational cultural competence. It is important to note that this report refers to the assessment of organizational cultural competency primarily in relation to race/ethnicity; however, the contents may apply more broadly to include social class, sex, sexual orientation, and other social and cultural factors.

The following databases were searched for relevant peer-reviewed articles regarding the assessment of organizational cultural competence: CINAHL, EMBASE, HealthSTAR, Ovid MEDLINE(R), PsycINFO, and Sociofile. The following key word algorithms were used: *assessment* or *evaluation* or *measure* or *test* or *questionnaire*, and, *cultural competenc\$* or *multicultural competenc\$* or *diversity*. A number of Internet search engines were also used (Google, Lycos) to identify grey literature on organizational evaluation in this area. Internet sites that were linked to government agencies, professional organizations, or universities were also explored.



II. Definition of Organizational Cultural Competence

When discussing cultural competence, it is important to distinguish between the cultural competence of individual providers of health and social services and cultural competence at the organizational level. At the individual level, cultural competence is typically viewed to consist of 3 main components:

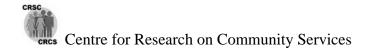
- 1. Cultural awareness a sensitivity and understanding of one's own cultural identity as it manifests itself though our beliefs, values and practices, as well as through our biases.
- 2. *Cultural knowledge* having knowledge of other cultures' beliefs, values and practices that allow one to understand different worldviews.
- 3. Cultural skills having the professional skills to interact effectively with diverse cultures.

(Campinha-Bacote, 2003; Kim-Godwin et al., 2001; Rodriguez, 2003; Sue et al., 1998)

Organizational cultural competence, on the other hand, is commonly defined as an ongoing process with "a set of congruent attitudes, practices, policies, and structures that come together in a system or agency and enables professionals to work more effectively in cross-cultural situations" (Cross, Bazron, Dennis & Issacs, 1989). According to the literature, organizational cultural competence requires five essential elements, which should permeate every aspect of an organization and its staff members, including:

- *a.* Valuing of diversity: acceptance of variations in communication style, behaviours, values, and attitudes as being legitimate and not just to be tolerated;
- *b. Conducting of self-assessments*: examination of one's own organizational culture as it is expressed in the policies, values, structures and practices in place;
- *c. Managing the dynamics of difference:* identifying an agency leader that possesses relevant knowledge can help avoid potential misunderstandings when two or more groups confront stereotypes and political power differentials (e.g., communication styles, etiquette, problem-solving methods, and help seeking behaviours);
- *d.* Acquiring institutionalized cultural knowledge: research, demonstration projects, or establishing communication networks with community leaders and groups can help the organization determine what is culturally appropriate for the specific populations they are serving; and,
- *e.* Adapting to the diversity and cultural contexts of the individuals and communities served: reassessing the organization's attitudes, practices, policies, and structure.

(for a detailed description of each element, see report 1: Olavarria et al., 2005; Cross *et al.*, 1989; Hernandez *et al.*, 1998; Mason, Braker & Williams-Murphy, 1995; Sue *et al.*, 1998).



The distinction between individual and organizational cultural competence allows us to determine which competencies individuals need to adopt to work with a racially and ethnically diverse population, while at the same time, to identify changes that the organization needs to adopt to become a system that is more culturally competent (Chin, 2002). Making such a distinction between individual and organizational cultural competence is important, as organizational cultural competence includes both individual- and institutional-level cultural competence. Therefore, a self-assessment of an organization's cultural competence will not only evaluate cultural competence of its staff but also that of the organization as a whole (Cross *et al.*, 1989; Hernandez *et al.*, 1998; Mason *et al.*, 1995; Sue *et al.*, 1998). For further definitions of terms related to the assessment of organizational cultural competency, please refer to Appendix A.

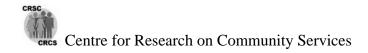
III. Self-Assessment of Organizational Cultural Competence

Benefits of Conducting a Self-Assessment of Cultural Competence

There are multiple benefits to conducting an assessment of cultural competence, above and beyond making the public statement that an organization values diversity and seeks to improve on its current level of cultural competence. For instance, a self-assessment allows an organization to measure the extent to which they are effectively addressing the needs and concerns of the diverse groups in the community they serve. Therefore, the assessment of cultural competency can identify the current level of cultural competence and serve as a baseline that will allow the monitoring of progress over time (Torralba Romero, 1998). Since cultural competency is a process, a self-assessment also helps determine an organization's areas of strength and growth, both at the systemic and individual level, and allows for strategic planning with shorter and longer term goals, such as assigning resources for specific objectives (Andrulis, Delbanco, Avakian, Shaw-Taylor, 1998; Goode, Jones & Mason, 2002).

Assessment of Organizational Cultural Competence

A self-assessment of organizational cultural competence must critically examine the attitudes, practices, policies, and structures that are in place within an organization. To do so, an important first step is to define and adopt organizational standards for cultural competence (See report 1: Olavarria et al., 2005). Indeed, the purpose of the self-assessment process is to evaluate the attainment of a set of standards in addition to the work that is being done to achieve identified standards. A standard refers to a specific criterion for the purpose of comparison, monitoring, and evaluation in CC performance (Siegel, Haugland, & Davis Chambers, 2002). Standards come into existence once organizational strategies are regulated and adopted as mandatory. The mandatory nature of standards promotes the institutionalization of cultural competence.

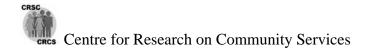


Identification of Standards and Indicators

Typically, standards will be organized according to different domains. A domain is a "major content area in which issues of CC need to be addressed" (Siegel *et al.*, 2002). Within each domain, standards can also be further organized into sub-domains. The relevant culturally competent standards that have been identified for CCHC have been organized into the following five domains (see Appendix B for a complete list of the standards and indicators of cultural competence for CCHC):

- 1. Organizational norms, principles, and policies: defining the norms, principles, and policies of the organization, such as the inclusion of cultural competencies in the mission statement of the organization, leadership commitment to a culturally competent organization, and the presence of an advisory committee for cultural competence.
- 2. Asset and need identification research related to cultural competence: identifying strengths and needs of the population being served, including the identification of community resources and barriers and issues related to cultural competence.
- 3. *Human resources management: policies and practices*: formulating policies and practices related to employees of the organization, such as the representation of the target population at all levels of employment within the organization.
- 4. *Services and service delivery*: developing culturally competent services and service delivery that are adapted to meet the needs of a diverse clientele, such as extended service hours and specific services for different cultural groups.
- 5. Community consultation, partnership, and information exchange: communicating to consumers and the community at large regarding progress made towards achieving cultural competence.

Within these five domains, fifty-three cultural competency standards have been identified for CCHC. Typically, an assessment of organizational cultural competence consists of these multiple domains and standards. Each standard has also been operationalized in the form of an indicator. Indicators are measurable elements of assessment that "reflect substantial changes in people, policies, or systems" within an organization (Watson, 2000). The purpose of identifying indicators is to be able to assess change. Due to the complex, multidimensional nature of cultural competency, numerous indicators across multiple domains are required in order to obtain valuable and accurate information that is responsive to change over time (Geron, 2002). A comprehensive chart has been created to outline the domains, sub-domains, standards, and indicators related to the self-assessment process of cultural competency for CCHC (see Appendix B).



Specification of Benchmarks

The identified indicators provide a basis for CCHC to develop a self-assessment tool that is suitable for the organization. Ideally, indicators will be further developed into more specific goals, such as benchmarks. Benchmarks are "an intermediate target to measure progress in a given period using a certain indicator" (Little, 2002). For instance, an example of an indicator related to cultural competence would be that the organization has committed funding for organizational activities related explicitly to cultural competency, whereas a benchmark would be that the organizational budget to fund organizational activities related explicitly to cultural competency. The task of creating benchmarks might be the responsibility of a committee or working group focusing on cultural competency or other relevant body within the organization that has an intimate understanding of the realities of CCHC.

Stages of the Cultural Competency Process

The implementation of different standards can occur across different stages of the cultural competency process (Siegel et al., 2002). In selecting benchmark performance measures for cultural competency, Siegel et al. (2002) identified a temporally ordered list of tasks that are needed in order to move toward cultural competence. Based on this work, there are three different stages of implementation related to cultural competency. Stage one is related to the early stages of implementation in which standards related to processes and procedures that affect the organization's structures are put into place. Stages two and three of the implementation of culturally competent standards are related to tasks that can only be achieved once the organization has put in place structures of cultural competence. For instance, it is considered premature to evaluate a stage 2 standard such as the cultural competency of staff before activities related to cultural competence at the organizational level are in place. Distinguishing between stages two and three is less clear and appears to be more a question of degree of cultural competency. For instance, the higher the stage of implementation, the greater the number of standards typically required to be in place within an organization. Adopting this three-stage process allows for a greater focus when conducting the self-assessment as well as being helpful in identifying future goals (Siegel et al., 2002). The appropriate stage of organizational cultural competence related to each of the selected indicators has been identified in the comprehensive organizational cultural competency evaluation chart (see Appendix F for the relevant stage in relation to each of the indicators identified for CCHC).

Steps for Conducting an Organizational Assessment of Cultural Competence

As an internally driven strategy, a self-assessment of organizational cultural competence is believed to have the potential to result in lasting changes. Although the logistics of a self-assessment will vary depending on the setting, several steps are recommended to ensure a smooth and efficient process.

- 1. Engage in an evaluation process
 - a. *Develop a committee or working group.* Create a committee or working group with members that represent the different levels and departments of the organisation. The team will also benefit from the inclusion of clients, clients'



family members, and community members, representing the various cultural groups served by the organization.

- b. *Develop a timeline* for the entire project.
- c. *Describe the duties of the committee or working group*. The committee or working group is responsible for the self-assessment process which typically includes data collection, evaluation of the results, reporting, and making recommendations.
- d. *Explicitly support the committee or working group's work* sought and received by management through written and verbal channels of communication.
- e. *Provide the resources (e.g., funding, personne,l time)* necessary for evaluation tasks to be completed.
- 2. Preparing stakeholders for the assessment. The process of conducting a cultural competence self-assessment can be intimidating. To avoid unnecessary tension and maximize cooperation, it is important that everyone in the organization be informed as to "why the agency is conducting the assessment, why cultural competence is being pursued, and the agency's commitment to this value" (Mason *et al.*, 1995).
 - a. Respondents may feel anxious with the prospect of an evaluation, therefore it is critical that the value of the information be expressed to encourage respondents' assistance
 - b. It is also important that people be reminded that cultural competence is a developmental process, and therefore, the goal is not to rate or compare individuals, departments or programs, but rather, to help the organization determine their level of cultural competence and areas where improvement is necessary.
- *3. Conduct the Self-Assessment of Organizational Cultural Competency*, which includes the following steps:
 - a. Data gathering. It is important to gather information from all levels within the organization. Evaluating the cultural competence of an organization requires using the most accurate, comprehensive, straightforward, and efficient method of obtaining information. Questionnaires are one recommended tool for gathering both quantitative and qualitative data related to cultural competence (Andrulis et al., 1998; Siegel et al., 2002). In addition, other methods of data collection can be considered such as survey checklists that rely on direct observations of the service environment, paper records, or other agency printed materials, including policies and organizational plans for cultural competency activities. Consumer satisfaction measured through surveys and the examination of complaint lists can also be used as a method of collecting organizational information related to cultural competence (Andrulis et al., 1998; Siegel et al., 2000). In addition, the method of administration needs to be identified. For instance, questionnaires can be administered in person, by telephone, through the mail, or over the internet. It is important to keep the participants' anonymity and inform them about their confidentiality. The anonymity provided to participants includes issues of distribution, administration, and collection of survey forms, data storage and access, and the reporting of the results. Guaranteeing confidentiality will serve to minimize the impact of social desirability in participants' responses, which is an important source of bias that reduces the accuracy of the results.



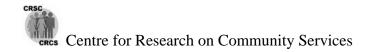
- b. *Evaluation of the results.* To minimize any bias that may come with the interpretation of the data, it is suggested that there be a transparency of the procedures used to evaluate the information. It is important to note that a self-assessment is not meant to be used as a pass/fail mechanism, but rather as a method of identifying strengths and weaknesses of the organization. Moreover, it is important to convey that the assessment of organizational cultural competency is not a test of individual level cultural competency or job performance (Goode, Jones, & Mason, 2002; Torralba Romero, 1998).
- c. *Reporting of results.* It is important for evaluation findings to be discussed with multiple audiences (e.g., personnel, volunteers, consumers, general public). In addition, a formal written report is typically provided for both internal and external access. Reporting moves the results into the public domain, therefore creating an opportunity for greater systems change.
 - i. By presenting the results in a compiled form, confidentiality and anonymity can be respected.
 - ii. In addition to a written report, presentations can be offered in order to explain the different findings to both internal personnel and external community members
- d. *Recommendations for action*. Key recommendations for action to be taken are typically identified by the committee or working group, including who will be accountable for overseeing the recommended actions. (Andrulis *et al.*, 1998; Siegel *et al.*, 2002)

IV. Selection of a Self-Assessment tool for CCHC

Criteria for the Selection of a Self-Assessment tool

To provide a clearer direction toward culturally competent services, assessment tools, have been developed to assist organizations and their staff to become more culturally competent (e.g., Narayan, 2001). When selecting a self-assessment tool, several important elements must be taken into account, such as the reliability and validity of the tool. Reliability refers to the degree to which the questions of a scale consistently measure the same phenomenon, so that if a difference is observed between two periods of assessments, the results are close to the true measure of cultural competence change and are not due to chance fluctuation (Vogt, 1993). A valid measure is one where scale items accurately represent the phenomenon being measured, thereby ensuring greater accuracy in the results. The reliability and validity of a measure are factors of significant importance. An assessment tool found to be either unreliable or invalid psychometrically is of little utility. However, psychometrically tested assessment tools tend not to exist in developing fields.

Just as standards must focus on multiple levels within an organization, a self-assessment tool must be comprehensive. It is important that the assessment tool covers the three key levels that exist within any one organization: the administrative level, which is concerned with the governance of an organization, the service level, which is concerned with the programs offered and their delivery, and the individual level, which pertains to the individual people directly or indirectly involved with service delivery (Siegel *et al.*, 2003).



Another important element is finding an assessment tool that is practical and feasible (Miyake & Geron, 2002). These aspects refer, in part, to the accessibility of the data to be collected. For example, if providers already compile demographic information of their users, such information will be readily available for inclusion in the assessment, and therefore would not require a considerable amount of resources that could be used in other areas of data collection. The practicality and feasibility of the tool also relates to whether the information requested can be collected in a timely and inexpensive way. Given the comprehensiveness of the identified standards that need to be assessed to capture the complexity of organizational cultural competence, the measure being used can be quite lengthy. However, not all sections can or need be answered by all the stakeholders.

In addition to these criteria, the fit of the tool to cultural competency theory and the organizational cultural competency standards identified for CCHC were also considered as relevant decisive factors. Following the definition of cultural competence, a tool that has a good fit to cultural competency theory will assess attitudes, practices, policies, and structures of the organization. Therefore, these should be areas covered in a self-assessment instrument. Given that the purpose of a self-assessment is to evaluate the attainment of a set of standards and to gather information on the work that is being done to achieve the standards, a tool should directly evaluate the identified organizational cultural competency standards.

Description of the Selected Self-Assessment Tools

The validity, reliability, comprehensiveness, practicality, fit of the tool to cultural competence theory and identified standards were taken into account, when narrowing down the selection of potentially relevant cultural competence self-assessment tools to those most appropriate for CCHC. Given these criteria, three assessment tools were selected as containing key dimensions that were deemed relevant for evaluating the organizational cultural competency of CCHC.

To facilitate the appraisal of these measures, this section reviews the conceptualization, history, and use of these tools. Furthermore, a comprehensive evaluation chart has been created to outline the indicators of organizational cultural competence for CCHC. This chart outlines the stage of the cultural competency process, the recommended data source(s) for assessing each identified indicator, the potentially relevant respondents, and the specific recommended tool(s) containing items related to each of the identified indicators (see Appendix F). Importantly, sometimes an assessment item for a particular indicator is available in more than one of the selected tools. In these cases, multiple tools are identified. On the other hand, sometimes items from multiple tools are typically examined by the evaluation committee or working group. For instance, it is up to the committee or working group to determine who is most suitable to answer certain questions according to their functions within the organization.

Cultural Competence Self Assessment Protocol for Health Care Organizations and Systems (CCSAP; Andrulis *et al.*, 1998). This tool was based on Cross et al.'s (1989) cultural continuum model which describes cultural competency along four dimensions: attitude, practice, policy, and structure. It was specifically developed for health care organizations that deliver services to racially and ethnically diverse populations. The protocol allows organizations to place themselves along a five point spectrum of cultural competence, ranging from inaction to a fully realized "learning" organization. The tool is divided into three sections. Section one relates to the



ethnic/cultural characteristics of the staff and organization (e.g., percentage of Afro-Americans, Asians and Hispanics in the administration, the support staff, board members and non-physician providers). Section two relates to the ways in which healthcare organizations accommodate the needs of a diverse clientele (e.g. how staff members are trained in cultural competence, and how effective are these methods). Finally, section three relates to healthcare organizational links to the communities served (e.g. how closely the organization works with the external resources in accomplishing diversity objectives; See appendix C for tool).

Cultural Competence Self-Assessment Questionnaire (CCSAQ; Mason, 1995). This tool was first designed to evaluate the cultural competence of agencies working with children with disabilities and their families, and is also based on Cross et al.'s (1989) model. The tool assesses the following domains: knowledge of communities, personal involvement, resources and linkages, staffing, service delivery and practice, organizational policy and procedures, and community outreach. Appendices include two different versions of the questionnaire, one for direct service providers and one for administrative staff. In addition, a separate questionnaire for collecting demographic information on respondents and a scoring guide with examples are included (see appendix D for tool).

Cultural Competency Assessment Scale (CCAS; Siegel, Haugland & Davis Chambers, 2002). This tool was derived from earlier work in which performance measures of cultural competence in behavioral healthcare settings were selected and benchmarked (Chambers et al., 1998; Siegel et al., 2002). The selection of the performance measures was conducted through consultation with an expert panel of stakeholders from the four major minority ethnic groups in the United States: African Americans, Hispanic Americans, Asian Americans and American Indians. The tool's areas of assessment include: an organization's commitment to cultural competence; service needs/identification of threshold-level cultural groups; integration of cultural competence in the organization; culturally competent staff training activities; recruitment, hiring and retention of staff; language capacity/service and educational materials; and service development. For each item, an agency's performance is rated along a continuum on a five point scale. A score of one indicates that the organization does not meet requirements for the statement, while a score of five indicates that the organization meets most or all requirements for the statement. The tool is deemed extremely compatible with previous work of other groups, in particular, with the CLAS standards (U.S. Department of Health and Human services, 2001; see appendix E for tool).

<u>Critique of Selected Self-Assessment Tools to Assess Organizational Cultural Competence</u> within <u>CCHC</u>

The selected self-assessment tools for organizational cultural competency are strong in several respects. Importantly, the three measures reflected the majority of the standards that have been identified as relevant to assessing cultural competency for CCHC. Indeed, the presence of the relevant indicators is a key starting point when considering a measure (Vera, 1998). Unfortunately, no one specific measure was exhaustive enough to cover all of the cultural competency standards identified for CCHC. This finding was not surprising given CCHC's unique context and the developing state of the organizational cultural competence literature. However, a combination of the three measures does provide the necessary pieces to form an acceptable self-assessment tool of organizational cultural competency for CCHC. The comprehensive chart and selected cultural competency self-assessment tools are intended to



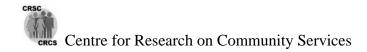
provide the necessary components for CCHC to create its own personalized self-assessment tool. It will be up to the cultural competency committee or working group, or other relevant body, to compile and to choose the items most suitable to form a complete self-assessment tool for CCHC's context. Some questions will need to be modified to fit the setting. For most of the items, however, such modifications will be minor (e.g., substituting a word or two).

Even though the three tools may be viewed as being complementary in terms of building an organizational assessment tool, each one presents particular strengths. The CCSAP's (Andrulis *et al.*, 1998) main strength is the diversity in the response format of the questions (Likert scales, yes/no answers, and short development questions). The different response formats allow an in depth, yet sensible coverage of the areas that are being assessed. Providing respondents with the opportunity to provide a qualitative response or to elaborate on an answer can help the evaluation process and the conclusions reached. For instance, leaving a space for respondents to specify the action plan of a standard that has not been met at the time of the evaluation by a department, can help the evaluators take this information into account in their recommendations.

The CCSAQ (Mason, 1995) divides the questionnaire according to responsibilities of the respondents (service provider or administrator). Therefore, administrating the questionnaire can be more cost effective, since stakeholders would only be required to complete relevant sections. Moreover, sections could be completed all at once or in several waves to take into account other activities that are going on within the organization. The tool also provides a guide to correct and interpret the scores obtained, which is something neither of the two other measures provide.

The CCAS (Seigle *et al.*, 2003), covers most of the CCHC's standards and also provides benchmarks for each of the standards. Like the CCSAQ, this tool is divided into sections that relate to different respondents (administrative level, service delivery level and individual level).

As a whole, the reliability and validity of these selected tools are uncertain. The CCSAQ (Mason, 1995) presents information on the content validity and reliability of the tool; however, no other data is available on the validity or reliability of the other measures. This is partially due to the recent development of the cultural competence theoretical framework and the stage of development of related assessment tools in organizational cultural competence (Geron, 2002). The gap between the development of self-assessment tools of organizational cultural competence and their validation is likely due to the formidable task of developing such a tool (King, 1998). However, the selected measures are among the most commonly used in the area of organizational cultural competence. The three measures also appear to have face validity, such that they appear valid upon inspection. Also important, all three tools are derived from the models and components of individual and organizational cultural competence theory.



V. Recommendations for the Self-Assessment of Cultural Competencies of CCHC

In light of the review of the literature and the selected self-assessment tools, the main recommendations are as follows:

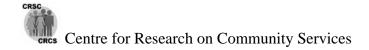
- 1. Develop a cultural competency committee or working group to oversee the selfassessment process, in addition to other cultural competency tasks (if not already done). This process includes data collection, evaluation and reporting of the results, and making recommendations.
- 2. Mandate the cultural competency committee or working group, to compile the identified assessment tools to form a comprehensive cultural competency self-assessment tool for CCHC. This compilation should cover all organizational cultural competency standards the CCHC adopts. Moreover, examine and alter the wording of the items as necessary to create a tool that is reflective of the context of CCHC and the current times. Some assessment items may need to be developed from scratch if no relevant item exists in one of the three identified self-assessment measures.
- 3. Add a demographic section to the questionnaire that will allow CCHC to gather relevant statistics on the evaluation participants' characteristics, while at the same time ensuring that the assessment process is anonymous. Anonymity can be assured by assigning code numbers to the questionnaire forms containing identifying information, rather than using respondents' names; access to the master lists containing the respondents' names and code numbers should be limited to those in charge of the assessment.
- 4. Divide the questionnaire into independent sections and clearly identify the relevant respondents for each section. Identifying sections to be responded to according to respondents' different roles within CCHC can make the assessment process more time and cost effective, as it would reduce the number of questions each respondent would have to answer. Independent sections can also be more easily incorporated into other types of evaluations or activities that are taking place in the organization.
- 5. Create benchmarks target goals for the relevant indicators that will take into account the stage of cultural competence development of the organization. The task of creating benchmarks might be the responsibility of the cultural competency committee or working group.
- 6. Prepare all stakeholders for the self-assessment process (e.g., hold discussion periods for staff/volunteers on the rationale for conducting a self-assessment). To maximize stakeholder cooperation, present the rational behind the evaluation and remind people that cultural competence is an ongoing process. It is not a pass or fail situation, but rather a method of identifying strengths and areas to be improved in the organization.
- 7. Address clearly issues related to confidentiality to minimize biases and other concerns. Participants of the evaluation should be informed of the measures that will be put in place regarding access to the information gathered, storage, and reporting.



- 8. *Ensure transparency of the cultural competency self-assessment process.* The manner in which the cultural competency evaluation is conducted and the information is evaluated should be clearly communicated prior to the data collection and throughout the evaluation and reporting stages.
- 9. Conduct a thorough cultural competency self-assessment of CCHC.
- 10. Evaluate the self-assessment results, including the reliability and validity of any organizational cultural competency measure(s) implemented at CCHC.
- 11. Report on the self-assessment process and findings, both internally and externally. Results and recommendations can be presented in a written report as well as through oral presentations. The use of multiple dissemination methods is important for generating greater dialogue within the organization and community.
- 12. Create an action plan to help move CCHC forward along the continuum of cultural competency. To meet the organization's standards of organizational cultural competence, it will be important for an action plan to specify the methods and steps that the organization plans to attain.
- 13. Determine the timeline for the action plan and the next self-assessment.

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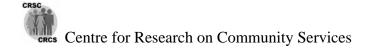
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Appendix A: Key Terms

Benchmark refers to "an intermediate target to measure progress in a given period using a certain indicator" (Little, 2002).

Cultural competence refers to "a set of congruent attitudes, practices, policies, and structures that come together in a system or agency and enables professionals to work more effectively in cross-cultural situations" (Cross, Bazron, Dennis & Issacs, 1989 as cited in Brach & Fraser, 2000).

Domain refers to a "major content area in which issues of cultural competence need to be addressed" (Siegel, Haugland, & Davis Chambers, 2002).

Indicators are measurable elements of assessment that "reflect substantial changes in people, policies, or systems" within an organization (Watson, 2000).

Multicultural competence refers to specific attitudes, knowledge, and skills that individuals need to posses to deliver ethical and competent services when working with ethnically diverse populations (Chin, 2002). The terms "multicultural competence" and "cultural competence" have sometimes been used interchangeably in the literature to describe individual level competence. However, *cultural competence* was developed to address the quality of services from a system's perspective, whereas multicultural competence has focused on the development of multicultural standards and guidelines to influence the training and practice of professionals providing services (Chin, 2002).

Performance measurement (or performance monitoring) refers to "the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals" (Little, 2002).

Reliability of "a measure is the extent to which the measure produces the same results when used repeatedly to measure the same thing" (Rossi, Lipsey, & Freeman, 2004).

Respondents are individuals to whom a question for the measure of an indicator is addressed (Siegel, Haugland, & Davis Chambers, 2002).

Self-assessment refers to "assessing attitudes, policies, structures and practices" in order to monitor, plan, and implement cultural competence within organizations (Goode & Jackson, 2003).

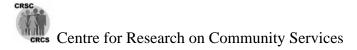
Standard refers to a specific criterion for the purpose of comparison, monitoring, and evaluation in CC performance. Standards are typically less specific than benchmarks (Siegel, Haugland, & Davis Chambers, 2002).

Validity of "a measure is the extent to which it measures what it is intended to measure" (Rossi, Lipsey, & Freeman, 2004).

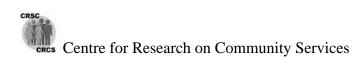


Domain	Sub-Domain	Standard	Indicator(s)
Organizational	Commitment	1. Mention of CC in mission	The organization has adopted a mission statement and mandate that explicitly incorporate a
Norms,	to CC in	statement and mandate	commitment to cultural competency
Principles, and	policies	2. CC policy statements and code of	The organizational has policy statements, a code of conduct, and/or other relevant procedures
Policies		conduct	related to organizational CC
		3. Implementation and monitoring of CC policies	The CC policies have been effectively implemented and the organization is monitoring the implementation of the CC policies
		4. CC plan for organization	The organization has an organizational plan for CC. The components of the strategic plan should include: objectives, strategies, implementation plan naming lines of responsibility and timetable, dissemination plan, oversight method, and management accountability
		5. Person named responsible and accountable for CC within organization	A person has been named responsible and accountable for CC within organization
		6. Leadership committed to CC organization	The leadership is committed to organizational CC
		7. CC in budget	The organization has committed funding for organizational activities related explicitly to cultural competency
	CC advisory committee	8. Composition of staff, community, consumers, and family members on advisory committee	There is an advisory committee for organizational cultural competence whose members reflect the racial/ethnic characteristics of the catchment area by staff, community, consumer, and family committee members
		9. Frequency of meetings	Indicate the frequency of CC advisory committee meetings
		10. Function of committee	List principal duties of CC advisory committee
		11. Reporting to leadership	The CC advisory committee reports periodic written documents to a named person or department at the executive leadership level
		12. Implementation of committee's recommendations	The CC advisory committee's recommendations are implemented
	CC activities	13. Review of CC activities	CCHC regularly reviews the performance of CC activities
	within organization	14. CC included in client satisfaction and organization	CC questions are included in client satisfaction and organization improvement procedures
		improvement procedures	

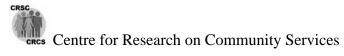
Appendix B: Standards and Indicators of Organizational Cultural Competence for CCHC



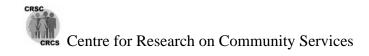
		 15. Formal CC complaint mechanism in place that is itself CC, for staff and consumers 16. Staff, volunteers, and consumers aware of complaint mechanism process 	A formal CC complaint mechanism is in place for staff and consumers (e.g. grievance procedures available in languages other than English and in format reflecting stakeholder literacy levels). The CC complaint mechanism is culturally competent and effective Stakeholders are aware of complaint process
	CC climate	17. CC evaluation conducted 18. Commitment of staff to CC 19. Culturally sensitive and welcoming physical environment 20. Signage, reading materials, etc., are culturally appropriate	An organizational evaluation of CC has been conducted in the last # years Staff are committed to organizational and interpersonal CC -Displays pictures, posters, artwork and other décor that reflect the cultures and ethnic backgrounds of clients served -Brochures and other printed materials in reception areas are of interest to and reflect the different cultures and ethnic background of client population -Printed information takes into account the average literacy levels of individuals served -Multi-media resources reflect the cultures and ethnic background of client population
Asset and Need Identification Research related to CC		21. Awareness and knowledge of target population and their needs (population based-assessment)	 The organization obtains population level data regarding their catchment area population characteristics (e.g., gender, ethnicity, religion, education, immigration status, etc) The organization profiles social resources for the cultural groups in its target population (e.g., houses of worship, community leaders, community based-organizations, etc.)
		22. Awareness and knowledge of users and their needs	 -Relationships and partnerships are created with community leaders so that knowledge and needs of their communities can be shared from a strength base perspective -The organization profiles its service users on population characteristics that are important for CC -The organization has systematic ways to collect and aggregate data on its users (e.g., gender, ethnicity, religion, education, immigration status, etc)
		23. Identification of CC barriers and issues	-The organization obtains information regarding barriers to services
		24. Ongoing consultation about community needs	-The organization maintains links to the community that allows it to stay attuned to the needs of the community
Human Resources Management: Policies and Practices	Recruitment hiring, and retention	25. CC recruitment, selection, and interview strategies	-Recruitment strategies include procedures for recruiting bilingual staff and staff that have previous experience with particular user cultural groups (e.g., recruitment strategies mention that bilingualism skill and/or prior experience with any of the cultural groups served by the services is desirable, the recruitment process is conducted broadly by identifying ethnic specific media outlets and community centres, and utilizes the expertise and networks of the advisory committee)



		26. Staff composition and representation at different levels	-Staff in the service delivery entity reflect the diversity in cultural background of the service users -Staff in upper level management reflect the diversity in cultural background of the service users
		27. Level of cultural experience of staff	The level of cultural experience of staff is formally assessed
		28. Satisfaction and retention level of staff by culture	Staff satisfaction and retention level statistics are reviewed for different cultural groups
		29. Staff performance evaluation	The staff performance evaluation form includes items related to CC
	Staff training on CC	30. CC training and educational requirements	-Staff are required to receive training and education related to developing cultural competency -New employees are given orientation in CC approaches of the service delivery entity as part of their orientation or training material
		31. CC materials distributed to staff	-Culture/race/ethnicity topics are incorporated into all continuing professional education and other training The administration selects, develops, and provides materials to be used for staff training and education in CC (Materials related to CC are distributed to staff)
		32. Organizational resources for CC training	Funds are allocated for training and continuing education in CC
Services and Service delivery	Linguistic competence	 33. Service descriptions and educational materials in languages of target populations 34. Rights/grievances in languages of target populations 35. Interpretation/translation services 36. Linguistic competence of interpreters 	Service description and materials are available in the language of the targeted population. The information should be available in different languages and formats and should reflect the levels of literacy and education of the audience Information on rights and grievance procedures are available in the languages and formats accessible to cultural groups served Interpreters are available to consumers with limited English proficiency for the delivery of services in all languages of cultural groups in the service area Evidence exists that all interpreters have been assessed for the competence of language and culture



		37. Linguistic competence of staff	Staff members are available to deliver services in different languages and formats, according to the level of literacy and education of the target population.
		38. Translation of critical forms, etc. to languages of target populations	Forms and other pertinent materials are available in the languages and formats accessible to the target population.
	Services	39. Development and Adaptation of services/intervention to improve CC	Culture-specific services are developed and adapted by the organization for its users, including the delivery of services in different languages and formats that reflects the levels of literacy and education of the target population
		40. Hours of operation – weekends/ evenings	Service delivery hours should be adapted to needs of the audience
		41. Transportation assistance	Alternative transportation is available for all persons in the service area
		42. Culturally appropriate services	The delivery of services targets the different needs of all cultural groups in the service area
		43. Services for specific cultural	Services have been implemented to target the specific needs of the different cultural groups in the
		groups	service area
		44. Promotion of CC services and service delivery	Advertisement and promotion is provided in the community about CC services
		45. # of drop-outs/no shows/missed appointments	Data on the # of drop-outs/no shows/missed appointments is collected
		46. Client satisfaction by CC	Client satisfaction on services is collected
		47. Collection of outcome data	Outcome data are collected for the services delivered
		48. Evaluation of services and	CC is included in evaluations conducted of CCHC services
		service delivery by CC	
Community Consultation,		49. Presence and quality of community partnerships	Quality partnerships have been formed within the target area
Partnership,		50. Appropriate partnerships in the	Alliances and partnerships have been formed with the different cultural groups and organizations
and		community	in the area, matching the target population
Information		51. Advocacy-related and	Involvement in advocacy-related and community building activities
Exchange		community building activities	
		52. Patient and consumer involvement in CC-related activities	# of patients/consumers involved in CC-related activities
		53. Organizational CC progress disseminated to consumers and community	Advertisement and dissemination regarding the organizational CC progress to consumers and community



Appendix C - Tool 1 Cultural Competence Self Assessment Protocol for Health Care Organizations and Systems (CCSAP)

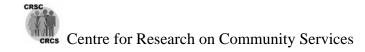
The CCSAP (Andrulis et al., 1998) was based on Cross et al.'s (1989) cultural continuum model which describes cultural competency along four dimensions: attitude, practice, policy, and structure. It was specifically developed for health care organizations that deliver services to racially and ethnically diverse populations. The protocol allows organizations to place themselves along a five point spectrum of cultural competence, ranging from inaction to a fully realized "learning" organization. The tool is divided into three sections. Section one relates to the ethnic/cultural characteristics of the staff and organization (e.g., percentage of Afro-Americans, Asians and Hispanics in the administration, the support staff, board members and non-physician providers). Section two relates to the ways in which healthcare organizations accommodate the needs of a diverse clientele (e.g. how staff members are trained in cultural competence, and how effective are these methods). Finally, section three relates to healthcare organizational links to the communities served (e.g. how closely the organization works with the external resources in accomplishing diversity objectives).

Please refer to the electronic attachment identified as "Andrulis -Cultural Comp -05-12-21.pdf" to review this tool.

Appendix D - Tool 2 Cultural Competence Self-Assessment Questionnaire (CCSAQ)

The *CCSAQ* (Mason, 1995) was first designed to evaluate the cultural competence of agencies working with children with disabilities and their families, and is also based on Cross et al.'s (1989) model. The tool assesses the following domains: knowledge of communities, personal involvement, resources and linkages, staffing, service delivery and practice, organizational policy and procedures, and community outreach. This Appendix includes two different versions of the questionnaire, one for direct service providers and one for administrative staff. In addition, a separate questionnaire for collecting demographic information on respondents and a scoring guide with examples are included.

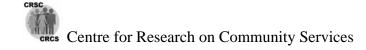
Please refer to the electronic attachment identified as "Mason –Self Assessment Ques -05-12-21pdf" to review this tool.



Appendix E -Tool 3 Cultural Competency Assessment Scale (CCAS)

The CCAS (Siegel, Haugland & Davis Chambers, 2002) was derived from earlier work in which performance measures of cultural competence in behavioral healthcare settings were selected and benchmarked (Chambers et al., 1998; Siegel et al., 2000). The selection of the performance measures was conducted through consultation with an expert panel of stakeholders from the four major minority ethnic groups in the United States: African Americans, Hispanic Americans, Asian Americans and American Indians. The tool's areas of assessment include: an organization's commitment to cultural competence; service needs/identification of threshold-level cultural groups; integration of cultural competence in the organization; culturally competent staff training activities; recruitment, hiring and retention of staff; language capacity/service and educational materials; and service development. For each item, an agency's performance is rated along a continuum on a five point scale. A score of one indicates that the organization does not meet requirements for the statement, while a score of five indicates that the organization meets most or all requirements for the statement. The tool is deemed extremely compatible with previous work of other groups, in particular, with the CLAS standards (U.S. Department of Health and Human services, 2000).

Please refer to the electronic attachment identified as "Siegal –CCAS -05-12-21pdf" to review this tool.

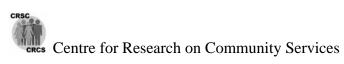


Indicator(s)	Data Source(s)	Respondent(s)	Stage	Tool (s)
1. The organization has adopted a mission statement and mandate that explicitly incorporate a commitment to cultural competency (attach mission statement and mandate documents)	-Questionnaire -Organization documents	-Management -CC advisory committee -Staff/Volunteers	1	-Siegel et al., pg. 44 Q#1 OR -Andrulis et al., pg. 9 Q#5-7
2. The organizational has policy statements, a code of conduct, and/or other relevant procedures related to organizational CC (attach relevant documents)	-Questionnaire -Organization documents	-Management -CC advisory committee -Staff/Volunteers	2	-Mason pg 27 Q#73
3. The CC policies have been effectively implemented and the organization is monitoring the implementation of the CC policies	-Questionnaire	-Management -CC advisory committee -Staff	3	n/a
4. The organization has an organizational plan for CC (attach relevant documents). The components of the strategic plan should include: objectives, strategies, implementation plan naming lines of responsibility and timetable, dissemination plan , oversight method, and management accountability	-Questionnaire -Organization documents	-Management -CC advisory committee -Staff	1	- Siegel et al., pg. 44 Q#2-3
5. A person has been named responsible and accountable for CC within organization (attach relevant documents)	-Questionnaire -Organization documents	-Management -CC advisory committee	1	- Siegel et al., pg. 45 Q#4
6. The leadership is committed to organizational CC	-Questionnaire	-Management -CC advisory committee -Staff/Volunteers	1	-Andrulis et al., pg. 9 Q#3-4
7. The organization has committed funding for organizational activities related explicitly to cultural competency (attach relevant budget documents)	-Questionnaire -Organization documents	-Management -CC advisory committee	1	- Siegel et al., pg. 45 Q#5 OR/AND -Andrulis et al., pg. 17 Q#32-34
8. There is an advisory committee for organizational cultural competence whose members reflect the racial/ethnic characteristics of the catchment area by staff, community, consumer, and family committee members (i.e., Estimate of the proportion of staff, community, consumer, and family members within each racial/ethnic population)	-Questionnaire -Organization documents	-Management -CC advisory committee	1	- Siegel et al., pg. 33 Q#8 AND pg. 49 Q#16-19
9. Indicate the frequency of CC advisory committee meetings	-Questionnaire	-Management -CC advisory committee	1	- Siegel et al., pg. 33 Q#10
10. List principal duties of CC advisory committee	-Questionnaire -Organization documents	-Management -CC advisory committee	1	- Siegel et al., pg. 47 Q#13
11. The CC advisory committee reports periodic written documents to a named person or department at the executive leadership level	-Questionnaire	-Management -CC advisory committee	3	- Siegel et al., pg. 48 Q#15

Appendix F: Cultural Competency Evaluation Matrix

12. The CC advisory committee's recommendations are implemented	-Questionnaire	-Management -CC advisory committee -Staff	3	n/a
13. CCHC regularly reviews the performance of CC activities	-Questionnaire -Organization documents	-Management -CC advisory committee -Staff	1	- Siegel et al., pg. 47 Q#11
14. CC questions are included in client satisfaction and organization improvement procedures	-Questionnaire -Organization documents	-Management -CC advisory committee	1	-Andrulis et al., pg. 23 Q#53-58
15. A formal CC complaint mechanism is in place for staff and consumers (e.g. grievance procedures available in languages other than English and in format reflecting stakeholder literacy levels) The CC complaint mechanism is culturally competent The CC complaint mechanism is effective	Questionnaire -Organization documents	-Management -Staff/Volunteers -CC advisory committee -Consumers	1	- Andrulis et al., pg. 16 Q#25-29
16. Stakeholders are aware of complaint process	Questionnaire	-Management -Staff/Volunteers -CC advisory committee -Consumers	1	n/a
17. An organizational evaluation of CC has been conducted in the last # years	Questionnaire	-Management -CC advisory committee	2	-Siegel et al., pg. 47 Q#10- 11
18. Staff are committed to organizational and interpersonal CC	-Questionnaire	-Management -Staff/Volunteers -CC advisorycommittee	2	-Siegel et al., pg. 72 Q#38
19. Displays pictures, posters, artwork and other décor that reflect the cultures and ethnic backgrounds of clients served	-Questionnaire	-Management -Staff/Volunteers -CC advisorycommittee -Consumers	1	-Siegel et al., pg. 70 Q#31
20. Brochures and other printed materials in reception areas are of interest to and reflect the different cultures and ethnic background of client population. Printed information takes into account the average literacy levels of individuals served. Multi-media resources reflect the cultures and ethnic background of client population	-Questionnaire	-Management -Staff/Volunteers -CC advisory committee -Consumers	1	-Siegel et al., pg. 35 Q#30 AND pg. 53 Q#28 AND pg. 68 Q#24-26
 21. The organization obtains population level data regarding their catchment area population characteristics (e.g., gender, ethnicity, etc) The organization profiles social resources for the cultural groups in its target population (e.g., houses of worship, community leaders, community based-organizations, etc.) Relationships and partnerships are created with community leaders so that knowledge and needs of their communities can be shared from a strength base perspective 	-Questionnaire -Organization documents	-Management - CC advisory committee	1	-Andrulis et al., pg.8 Q#1 AND/OR Mason, pg.19 Q#1 AND Q#2 AND/OR Siegel et al., pg. 63 Q#14

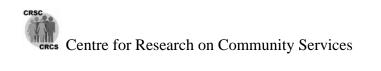
22. The organization profiles its service users on population characteristics that are important for CCThe organization has systematic ways to collect and aggregate data on its users	-Questionnaire -Organization documents	-Management -CC advisory committee	1	-Andrulis et al., pg.8 Q#1 AND Q#50-52 AND/OR Siegel et al., pg. 64 Q#16
(e.g., gender, ethnicity, religion, education, immigration, etc)23. The organization obtains information regarding barriers to services	-Questionnaire -Organization documents	-Management -CC advisory committee	1	-Andrulis et al., pg.10 Q#8
24. The organization maintains links to the community that allows it to stay attuned to the needs of the community	-Questionnaire -Organization documents	-Management -Staff/Volunteers -CC advisory committee	1	-Andrulis et al., pg.19 Q#40-49
 25. Recruitment strategies include procedures for recruiting bilingual staff and staff that have previous experience with particular user cultural groups (e.g., recruitment strategies must mention that bilingualism skill and/or prior experience with any of the cultural groups served by the services is desirable) 	-Questionnaire -Organization documents	-Management -CC advisory committee	2	-Andrulis et al., pg.19 Q#30,31 AND pg. 85,86 OR Mason, pg.24 Q#42,44,47 AND Siegel et al., pg. 72 Q#38
 26. Staff in the service delivery entity reflect the diversity in cultural background of the service users Staff in upper level management reflect the diversity in cultural background of the service users 	-Questionnaire -Organization documents	-Management -Staff/Volunteers -CC advisory committee	3	-Andrulis et al., pg. 25 Q#63-66 AND/OR Mason, pg.24 Q#43,44 AND/OR Siegel et al., pg. 71 Q#35
27. The level of cultural experience of staff is formally assessed	-Questionnaire -Organization documents	-Management -Staff/Volunteers -CC advisory committee	2	-Andrulis et al., pg. 14 Q#18-19 AND Siegel et al., pg. 72 Q#38
28. Staff satisfaction and retention level statistics are reviewed for different cultural groups	Questionnaire -Organization documents	-Management -CC advisory committee	2	-Andrulis et al., pg.15 Q#24-26AND/OR Mason, pg.24 Q#48
29. The staff performance evaluation form must include items related to CC	Questionnaire -Organization documents	-Management -CC advisory committee -Staff/Volunteers	2	-Siegel et al., p. 72 Q#38
 30. Staff are required to receive training and education related to developing cultural competency New employees are given orientation in CC approaches of the service delivery entity as part of their orientation or training material Culture/race/ethnicity topics are incorporated into all continuing professional education and other training 	-Questionnaire -Organization documents	-Management -CC Advisory Committee -Staff/Volunteers	2	-Andrulis et al., pg.19 Q#15-18 AND pg. 38 Q#91-93, 99-101 AND/OR Mason, pg.24 Q#45,46 AND/OR Siegel et al., pg. 54 Q#32



31. The administration selects, develops, and provides materials to be used for staff training and education in CC (Materials related to CC are distributed to staff)32. Funds are allocated for training and continuing education in CC	-Questionnaire -Organization documents -Questionnaire -Organization documents	-Management -CC advisory committee -Management -CC advisory committee -Staff/Volunteers	2	-Andrulis et al., pg.31 Q#108,109 AND/OR Siegel et al., pg. 55 Q#33 -Andrulis et al., pg.17,18 Q#33,34 AND/OR Siegel et al., pg. 55 Q#34
33. Service description and materials are available in the language of the targeted population. The information should be available in different languages and formats and should reflect the levels of literacy and education of the audience	-Questionnaire -Organization documents	-Management -Staff/Volunteers -CC advisory committee -Consumers	2	-Siegel et al., pg. 68 Q#25 AND/OR -Andrulis et al., pg.31 Q#108-109 AND/OR -Mason, pg.23 Q#36-38 & pg.27 Q#73 item 11
34. Information on rights and grievance procedures must be available in the languages and formats accessible to cultural groups served	-Questionnaire	-Management -Staff/ Volunteers -CC advisory committee	3	-Siegel et al., pg.68 Q#24
35. Interpreters must be available to consumers with limited English proficiency for the delivery of services in all languages of cultural groups in the service area	-Questionnaire -Organization documents	-Management -Staff/ Volunteers -CC advisory committee	2	-Siegel et al., pg. 52 Q#23 -Mason pg.23 Q#35 & p.35 Q#35
36. Evidence must exist that all interpreters have been assessed for the competence of language and culture	-Questionnaire -Organization documents	-Management -Staff/ Volunteers -CC advisory committee	2	-Siegel et al., pg.67 Q#22
37. Staff members are available to deliver services in different languages and formats, according to the level of literacy and education of the target population	-Questionnaire -Organization documents	-Management -Staff/ Volunteers -CC advisory committee -Consumers	3	-Siegel et al., pg.66 Q#20- 21
38. Forms and other pertinent materials must be available in the languages and formats accessible to the target population	- Questionnaire -Organization documents	-Management -Staff/ Volunteers -CC advisory committee -Consumers	2	-Siegel et al.,,pg.68 Q#26
39. Culture-specific services are developed and adapted by the organization for its users, including the delivery of services in different languages and formats that reflects the levels of literacy and education of the target population	-Questionnaire -Organization documents	-Management -Staff/ Volunteers -CC advisory committee	3	-Siegel et al., pg.69 Q#28
are anger population				-Siegel et al., pg.70 Q#30

Cultural Competence Self-Assessment Tools 33

40. Service delivery hours should be adapted to needs of the audience	Questionnaire	-Management -Staff/ Volunteers -CC advisory committee -Consumers	3	
41. Alternative transportation must be available for all persons in the service area	Questionnaire	-Consumers -Management -Staff/ Volunteers -CC advisory committee -Consumers	3	-Siegel et al., pg.69-70 Q#29
42. The delivery of services targets the different needs of all cultural groups in the service area	-Questionnaire -Organization documents	-Management -Staff/ Volunteers -CC advisory committee Consumers	3	-Siegel et al., pg.53 Q#29
43. Services have been implemented to target the specific needs of the different cultural groups in the service area	-Questionnaire -Organization documents	-Management -Staff/Volunteers -CC advisory committee	3	-Siegel et al., pg.53 Q#29
44. Advertisement and promotion is provided in the community about CC services	-Questionnaire -Organization documents	-Management -Staff/Volunteers -CC advisory committee -Consumers	2	-Siegel et al., pg.54 Q#30
45. Data on the # of drop-outs/no shows/missed appointments is collected	-Questionnaire -Organization documents	-CC advisory committee -Management	3	n/a
46. Client satisfaction on services is collected	-Questionnaire -Organization documents	-CC advisory committee -Management - Staff/Volunteers	3	n/a
47. Outcome data are collected for the services delivered	-Questionnaire -Organization documents	-CC advisory committee -Management -Staff/Volunteers	3	-Siegel et al., pg.56 Q#37
48. CC is included in evaluations conducted of CCHC services	-Questionnaire -Organization documents	-Staff/Volunteers -CC advisory committee -Management	3	-Siegel et al., pg.54 Q#31
49. Quality partnerships have been formed within the target area	-Questionnaire -Organization documents	-Management -Staff/Volunteers -CC advisory committee	2	-Mason, p.23 Q#32 & pg.35 Q#32
50. Alliances and partnerships have been formed with the different cultural groups and organizations in the area, matching the target population	-Questionnaire -Organization documents	-Management -Staff/Volunteers -CC advisory committee	2	-Mason, p.22 Q#25-27 & pg.34 Q#25-27 Andrulis et al., pg.21 Q#40-41



51. Involvement in advocacy-related and community building activities	-Questionnaire	-Management	2	-Mason, pg.28 Q#76-79
	-Organization documents	-Staff/Volunteers		
		-CC advisory committee		
52. # of patients/consumers involved in CC-related activities	-Questionnaire	-Management	3	-Andrulis et al., pg.21
	-Organization documents	-CC advisory committee		Q#42D
53. Advertisement and dissemination regarding the organizational CC	-Questionnaire	-Staff/Volunteers	3	-Siegel et al., pg.54 Q#30
progress to consumers and community	-Organization documents	-CC advisory committee		-Mason, pg.38-39 Q#57-59
	-	-Management		
		-Consumers		