

# New Mexico Department of Health Cultural and Linguistic Competence Policy Assessment



4/30/2014

Cultural Assessment

# **Table of Contents**

Abstract	2
Introduction	3
Purpose	3
Definitions	4
Cultural and Linguistic Competence Policy Assessment	6
Limitations	6
Assessment Response: Qualitative Themes and Findings7	
Discussion	13
Recommendations and Next Steps	14
Conclusions	14
Appendices	15

#### Abstract

The New Mexico Department of Health (NMDOH) as a centralized State public health agency is responsible for all residents within its jurisdiction. New Mexicans are diverse in background and culture. The NMDOH is committed to understanding its population's values, norms, and traditions and how they affect perceptions, thoughts, judgments and decisions about health, health behaviors, and health care services. The NMDOH wants to provide services, and education which consider physical, social, cultural, language and literacy variables.

#### The Cultural and Linguistic Competence Policy Assessment

mandates that the NMDOH : a) improves health care access and utilization; b) enhances the quality of services with New Mexico's culturally diverse and underserved communities; and, c) promotes cultural and linguistic competence as essential approaches in the elimination of health disparities in New Mexico. The Cultural and Linguistic Competence Policy Assessment is based on three assumptions: 1. Achieving cultural competence is a developmental process at both the individual and organizational levels; 2. With appropriate support, individuals can enhance their cultural awareness, knowledge and skills over time; and, 3. Cultural strengths exist within organizations or networks of professionals, but often go unnoticed and untapped. The findings of this assessment will inform NMDOH's practices and improve their outcomes.

# New Mexico Department of Health Cultural and Linguistic Competence Policy Assessment

#### Introduction

The New Mexico Department of Health (NMDOH) as a public health organization in a 'minority majority' state recognizes the need to provide services and access to quality health care in a culturally and linguistically appropriate manner. In 2010, through development of a formal policy, the NMDOH institutionalized the use of Culturally and Linguistically Appropriate Services (CLAS) or National CLAS Standards, as defined by the Health Resources and Services Administration (HRSA), Office of Minority Health (OMH). Within the CLAS rubric it is incumbent upon adherents to include assessment as part of an organization's continuous quality improvement.

The NMDOH conducted a cultural assessment in the spring of 2014 to examine factors that may enhance, enable or impede the effectiveness and performance of its service delivery system. The assessment will inform planning, implementation, and quality of services, as well as resource allocation for the department.

#### Purpose

The purpose of the self-assessment is to: a) obtain information about the NMDOH's organization and the people it serves in order to tailor and improve the services it provides or should provide; and, b) establish baseline information on what NMDOH employees know about the department's policies, procedures, and standard practices, which provide a structural basis for the work the NMDOH performs. The assessment will inform NMDOH's strategies, outcome goals (including metrics), and indicate appropriate intervals for reassessment to provide a "snapshot in time" of the department's cultural and linguistic competency status.

# Definitions<sup>1</sup>

Cultural and Linguistic Competency: The capacity for individuals and organizations to work and communicate effectively in cross-cultural situations through the adoption and implementation of strategies to ensure appropriate awareness, attitudes, and actions and through the use of policies, structures, practices, procedures, and dedicated resources that support this capacity.

Cultural Competency: A developmental process in which individuals or institutions achieve increasing levels of awareness, knowledge, and skills along a cultural competence continuum. Cultural competence involves valuing diversity, conducting self-assessments, avoiding stereotypes, managing the dynamics of difference, acquiring and institutionalizing cultural knowledge, and adapting to diversity and cultural contexts in communities.

Linguistic Competency: The capacity of individuals or institutions to communicate effectively at every point of contact. Effective communication includes the ability to convey information---both written and oral---in a manner that is easily understood by diverse groups, including persons of limited English proficiency, those who have low literacy skills or who are not literate, those having low health literacy, those with disabilities, including those with hearing or vision impairment.

Culturally and Linguistically Appropriate Services (CLAS): Services that are respectful and responsive to individual cultural and religious health beliefs and practices, preferred languages, health literacy levels, and communication needs, and employed by all members of an organization (regardless of size) at every point of contact.

Culture: The integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups as well as religious, spiritual, biological, geographical or sociological characteristics. Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetimes.

Elements of culture include, but are not limited to, the following:

Age

Cognitive ability or limitations

Degree of acculturation

 $<sup>^{1}\</sup> https://www.thinkculturalhealth.hhs.gov/CLAS/glossary1.asp$ 

Educational level attained

Environment and surroundings

Family and household composition

Gender Identity

Generation

Health practices, including use of traditional healer techniques such as Reiki and acupuncture.

Linguistic characteristics, including language(s) spoken, written, or signed; dialects or regional variants; literacy levels; and other related communication needs.

Military affiliation

Occupational groups

Perceptions of family and community

Perceptions of health and well-being and related practices

Perceptions/beliefs regarding diet and nutrition

Physical ability or limitations

Political beliefs

Racial and ethnic groups include----but are not limited to---those defined by the U.S. Census Bureau.

Religious and spiritual characteristics, including beliefs, practices, and support systems related to how an individual finds and defines meaning in his/her life.

Residence (i.e., urban, rural, or suburban)

Sex

Sexual orientation

Socioeconomic status

# Cultural and Linguistic Competence Policy Assessment

The NMDOH developed its cultural and linguistic competence policy assessment from guidance material provided by the National Center for Cultural Competence<sup>2</sup>. The assessment contained 83 questions<sup>3</sup> (Appendix A and B) and was sent to all employees with a NMDOH e-mail account (N=3,692; point in time count dated 4/23/14). The assessment was disseminated via a Survey Monkey link contained in the e-mail.<sup>4</sup> The assessment was opened on 4/3/14 and closed on 4/18/14; there were 245 respondents from a possible pool of 3,233 active employees. The assessment added questions to include the Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) population. The assessment included the hearing impaired population.

# Limitations

The assessment achieved the goal of producing a "snapshot" of NMDOH's workforce competence with regard to cultural and linguistic policy. However, there are several limitations that should be noted as follows.

1. There are 3,692 e mail accounts. Many of the accounts may be inactive (e.g., an employee has resigned, but the account was not eliminated) since there are actual 3,233 employees (point in time count on 4/23/14). Of the 3,233 employees not all have e mail accounts and/or access to a computer (e.g., facilities personnel) in order to respond to the assessment. Not all questions were answered by the 245 (about 8% of the total workforce) assessment respondents, which created variable numbers for each question answered.

"This is FYI about how I answered the survey: Wherever I left something blank/with no answer, it was because I didn't know and there was no place to reflect that. Thanks for conducting this survey. NMDOH may have a lot in place that I'm just not aware of, which is an issue in and of itself. I hope you'll share the results of this survey with staff so we can address these issues together." (Q83, Comment 5)

"I don't have any policies to list, but this survey doesn't appear to allow a participant to indicate that a particular question/issue isn't relevant to the work performed at that person's agency. This is a huge flaw in the results you're going to get. I would have selected Not Applicable for many questions were that an option." (Q83, Comment 12)

<sup>&</sup>lt;sup>2</sup> Goode, T., Jones, W. and Mason, J. (2002). A guide to planning and implementing cultural competence organization selfassessment. Washington, D.C.: National Center for Cultural Competence, Georgetown University Child Development Center. <sup>3</sup> Questions are abbreviated in the body of the report as Q1, Q2, Q3, etc.

<sup>&</sup>lt;sup>4</sup> https://www.surveymonkey.com/

- 2. The assessment was voluntary, which is both a limitation and strength. The limitation is a reduction in numbers for a robust assessment. The strength represents an open approach to the assessment.
- 3. A full array of questions pertaining to the developmentally disabled population was not included in the assessment. However, hearing impairment was included. The NMDOH has an extensive framework with which to interface with the disabilities cultural and linguistic issues such as taskforces, memorials, working/collaborative groups and specialized quality improvement initiatives tailored to the needs of both consumers and providers.

"I work at DDSD – the cultural and access issues related to that are primarily over racial/cultural. We deal with augmentative communication needs, non-verbal clientele and I/DD accommodations although we do accommodate linguistic supports for non-English speaking family members. Our NW region in particular is very sensitive to the cultural preferences of the many Native Americans served in that region." (Q83 Comment 2)

- 4. The NMDOH did not use a committee approach (i.e., external and internal stakeholders) to develop the assessment. However, an internal working group was devised and utilized. A committee with diverse parties will be included in next steps.
- 5. The assessment questionnaire, while thorough, was very long (83 questions), which may have contributed to a smaller response rate.

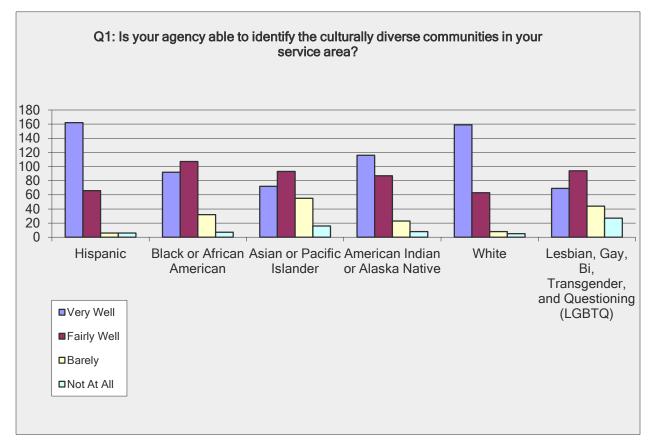
"This survey was very long." (Q83, Comment 17)

#### Assessment Response: Qualitative Themes and Findings

 There were 37 follow up "Supporting Policy" questions to a preponderance of the assessment's questions: "Is there policy that supports ....?" The central tendency was that 60% of respondents did not know if there were policies that supported cultural and linguistic competencies in the deployment of one's daily work as a public health provider.

"It was hard to answer questions around policies. The CLAS standards cover most of the topics but not sure if I would say it's policy." (Q83, Comment 16)

 Respondents tended to affirm that they believed that they were culturally and linguistically responsive to consumers of public health. For example, in "Q1 Is your agency able to identify the culturally diverse communities in your area?" (Figure 1) employees rated the agency as fairly well to very well as identifying the following communities: a) Hispanic – 95%; b) Black or African American – 83.62 %; c) Asian or Pacific Islander – 69.92%; d) White – 94.47%; and, e) Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) – 69.66%. Comparable issues (i.e.,Q3, Q5, Q7, Q9) such as demographics, social strengths, knowledge of social problems, knowledge of health disparities, and knowledge of languages, dialects and cultural groups ranked equally high for employees' public health practice. In Q67 "Do you differentiate between racial and cultural identity when serving diverse communities?" respondents tended to rate NMDOH at 74.24% as "Sometimes" (36.20%) plus "Regularly" (38.04%). Improvement could be made in this nuance between racial and cultural diversity, however, the percentage is consistent with the tendency of similar issues on the assessment, which is not a severely deficit rating.

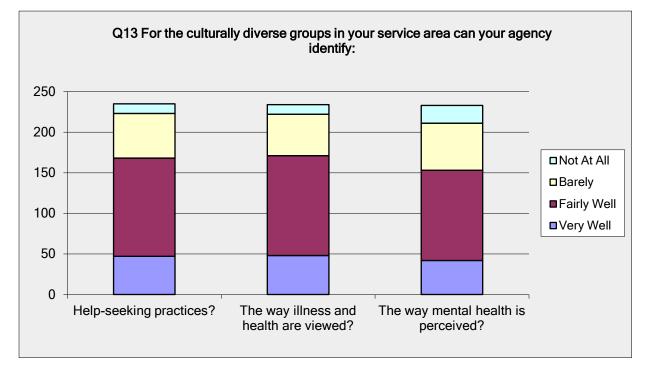


#### Figure 1

NMNMDOH needs to look at health equity within cultural groups to provide more points of entry into health care. (Q83, Comment 1)

3. In Q13 and Q14 respondents rated NMDOH in about the 70% range for understanding issues like health beliefs, natural networks, help seeking practices,

how illness and mental health are viewed and modeling good service delivery to each cultural and linguistic group it might serve (example, Figure 2)<sup>5</sup>.



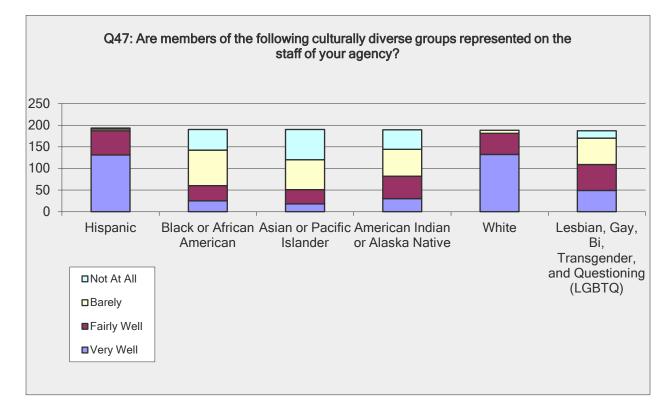
#### Figure 2

- 4. The NMDOH did not fare well in the areas having to do with quality improvement processes, continuous and systematic review of procedures, quality of life issues for consumers and review of linguistically competent services. Combining the ratings for Fairly Often and Very Often (best possible ratings) the range was 44.71% to 60.87% (Q19-25, Appendix A).
- 5. In Q29, "Are there structures in your agency to assure for consumer and community participation in program planning, service delivery, evaluation of services, quality improvement, hiring practices, performance appraisal and customer satisfaction?" NMDOH rated very low from 30% to 54.32% for Fairly Often and Very Often ratings combined.
- 6. The NMDOH had a rating of 11.74% for "None" or no signage in languages other than English (Q33, Appendix A) in NMDOH workplaces. In this case a low score is good since the converse rating was 88.26% of signage is present in languages other than English in NMDOH workplaces.
- 7. The NMDOH's dynamic interface with the communities it serves was poorly rated in areas such as attending cultural functions, career awareness days, community education, recreational opportunities, communities contributing

<sup>&</sup>lt;sup>5</sup> All tables are illustrated in Appendix A.

policy and procedure development, collaborations, and cultural sharing. The best rating was "Sometimes" knowledge is shared about diverse communities (Q37) at 44.72% to the worst rating of 47.96% ---- "Not at All" in the area of participation in recreational or leisure time activities under identifying opportunities within culturally diverse communities for one as an employee to participate (Q35).

8. For cultural diversity of NMDOH's workforce (Q47) respondents rated White and Hispanics as being well represented with LGBTQ, American Indian or Alaska Native, Black or African American and Asian or Pacific Islander respectively not well represented in the workforce (Figure 3).



#### Figure 3

However, in Q49 "Does your agency have culturally and linguistically diverse individuals as: board members, center directors, senior management, physicians, clinical staff, administrative staff, clerical staff, support staff, consultants, and volunteers?" the tendency was for respondents to rate NMDOH in the "Some" category, which is not representative of the minority majority demographics. In Q51 "Does your agency have incentives for the improvement of cultural competence throughout the organization?" respondents rated the department at 56.35% - "None" and 33.70% - "Some" indicating a perceived lack of support for improvement in this area.

"This agency has an on-line CLAS Standards class, but this is inadequate on so many levels. Public Health Regions do not get any measurable support for cultural and linguistic competencies." (Q83, Comment 6)

- 9. Q53 covers the issues of staff recruitment, hiring, retention, and promotion of a culturally and linguistically competent workforce. Respondents rated NMDOH 51.12% "Yes" in staff recruitment and 51.98% "Yes" in hiring of culturally and linguistically competent individuals for the workforce. However, retention and promotion were areas needing improvement. Retention was rated 65.71% as "No" or not retaining culturally and linguistically competent individuals in the workforce. Promotion was rated 65.52% for promotion culturally and linguistically competent individuals in the workforce. In Q59 covering incentives for the improvement of linguistic competence throughout the organization, 57.46% respondents rated NMDOH with "None" or no incentives.
- 10. Q61 and Q63 (Figure 4 example) deal with health promotion, diagnostic/treatment protocols, and disease prevention. Respondents generally rated NMDOH as using appropriate practice with target groups, an average of about 67%. The least accommodated groups were Asian and Pacific Islander, Black or African American and LGBTQ respectively. The percentage rate for Hispanics and Whites was good, but there is room for significant improvement with all other groups.

"Spanish speaking clients, particularly dialects from Mexico, PR and Cuba regularly tell us that they much prefer to come to Public Health Office for services because they both like the way they are treated and the effort we put into interpretation for them. They also really appreciate the time we take to locate resources. The fastest growing cultural service group we are serving those coming in for Harm Reduction services. Word of mouth is constantly spreading the news of our NMDOH services here and also Medicaid enrollment and Dental services offered by County of Sandoval." (Q3 Comment 11)

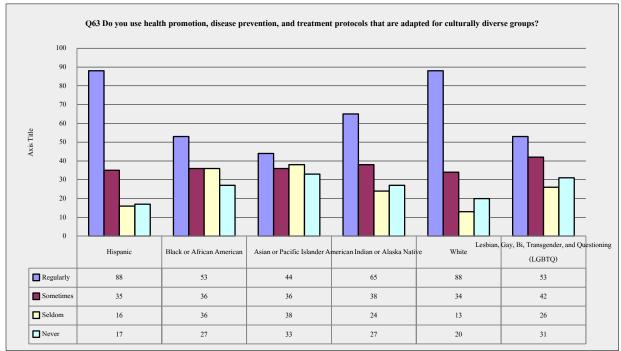


Figure 4

- 11. In Q65 respondents generally perceived that NMDOH is able to connect consumers to natural networks of support to assist with health and mental health care 38.04% "Sometimes" to 35.58% "Regularly" (73.62% combined). Of note, the Human Services Department has the lead role in providing assistance with connections to health and mental health care since they monitor key funding streams for this activity.
- 12. Q69, Q71, and Q72 illustrate: a) informing consumers to language access; b) agency utilization of interpretation services; and c) the provision of interpretation services for Limited English Speakers and/or hearing impaired consumers. The ratings were generally indicated that about 27% of consumers as "Never" having access to interpretation services and/or about 27% of consumer do have regular access (Q71). The best rating in this set of questions, but still low, was for informing consumers of their rights to language access at 46.20% (Q69).

"We actively discriminate and do not provide services to potential patients if they are illiterate and/or do not speak English or Spanish speaking only, as well as not providing services to the developmentally delayed. It is unethical to take taxpayer money and only serve a small portion of New Mexicans." (Q83, Comment 11)

13. The set of questions in Q73 and Q79 covers the translation of forms, brochures, media, materials, and information as well as the assessment of literacy and interventions for consumers. Respondents generally perceived that NMDOH provides translated material, assesses a consumer's literacy and provides

interventions to communicate health information. For example, translated materials were at 26.83% for "Sometimes" translated to 60.37% for "Regularly" translated (87.20% combined). Improvement could be made to achieve a consistently high rate of regular practice in these areas.

"Social Workers for CMS/NMDOH pretty much uphold cultural and linguistic competence and linguistic policies." (Q83, Comment 8)

14. The question (Q75) of whether the NMDOH evaluates the quality and effectiveness of interpretation and translation services it provides and/or uses via contract rated at 18.30% for "Regularly" being evaluated. The perception of respondents was rather low on quality of interpretation/translation evaluation.

"As a former trainer, I found that none of the training materials are in Spanish, I had to rely on coworkers who were fluent in the language. Sometimes this was problematic, because many New Mexicans do not speak Spanish or if they speak it, they cannot always translate. Current demographics show that Hispanic populations growing in this country. People from many Spanish speaking countries are in New Mexico, and there is diversity in the way in which they speak the language. I have found providers have employees of other racial or ethnic groups where English is a second language. I find that some need support when writing incident progress notes and incident reports. A couple of years ago, I asked if training materials could be translated in Spanish. I was told that materials were not translated in Spanish, because they would have to translate the materials in other languages too, and it would be difficult. I feel that if we want to have good customer service, and competent workforce; there will have to be some sort of consensus on this issue." (Q83 Comment 7)

15. In Q77, Q81, and Q82 the assessment asks whether the NMDOH has activities tailored to engage diverse groups, sectors, and communities in an appropriate linguistic and culturally competent manner for the purpose of health promotion and/or disease prevention. Respondents rated these questions in a rather flat manner, meaning that each response from "Never" to "Regularly" engaging consumers was about the same. The rating of "Sometimes" engagement was appropriately made was the slightly stronger than the rest of the ratings, but was only about 30%. Improvement in consumer engagement (e.g., outreach) seems warranted.

#### Discussion

The benefits of the assessment for the NMDOH are basic in nature. The NMDOH is able to use the information gleaned from the assessment to enhance services for culturally and linguistically diverse populations. A critical activity will be for the NMDOH to craft a plan to incorporate cultural and linguistic competence within the 'culture' of the organization in an effective and systematic way. The assessment illustrated that the NMDOH has the opportunity to promulgate its policies and procedures, improve the quality of cultural and linguistic practices for both consumers and employees, and develop a workforce that values diversity and is able to manage the dynamics of difference. NMDOH has in place the Results Based Accountability (RBA) approach for continuous improvement and meaningful change. The RBA approach will allow NMDOH to use the assessment's data to easily develop short-term and long-term goals with measurable objectives, identify and dedicate resources, and enhance consumer and community partnerships or collaborations.

#### **Recommendations and/or Next Steps**

- 1. Establish and empower an ongoing, self-assessment work group, which includes internal and external stakeholders (e.g., from policy making, administration, service delivery, consumers, and communities). The NMDOH should allocate personnel and fiscal resources to support an ongoing work group dedicated to regular and systematic cultural and linguistic self-assessment for the department.
- 2. Diverse strategies may have to be employed in order to cultivate leadership and get "buy in" from the overall organization to accept a shared vision of cultural and linguistic appropriate practice, which enables one to improve service delivery.
- 3. Incorporate cultural and linguistic self-assessment results into the general planning and development process (e.g., funding streams, block grant planning, training, etc.).
- 4. Incorporate cultural and linguistic competency concepts into overall policy development at the department, division and program levels

## Conclusion

The three assumptions guiding the assessment seem to be realized in the results.

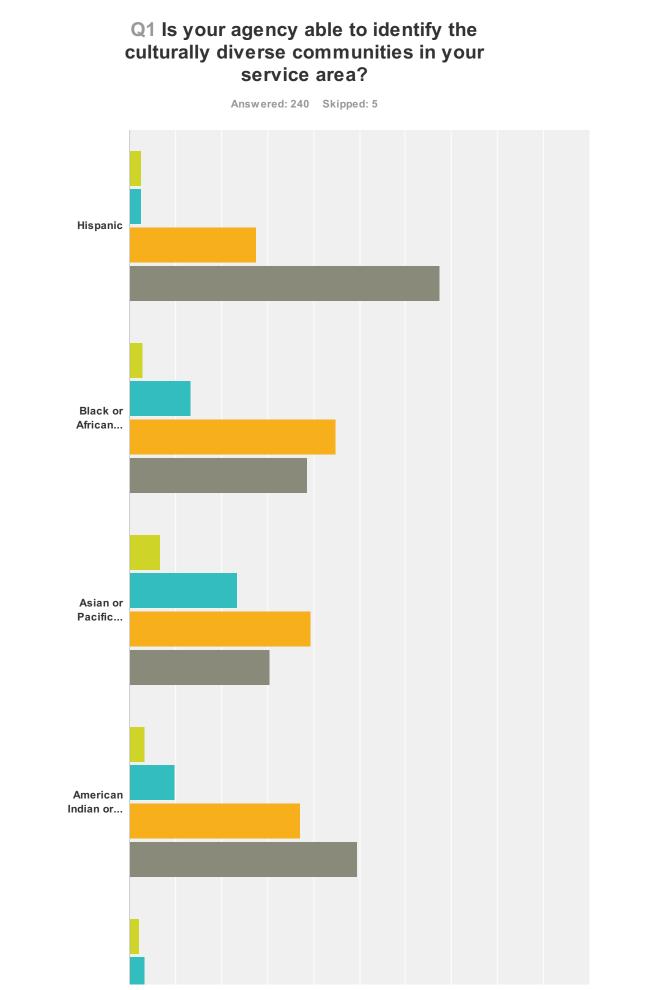
The assumptions were:

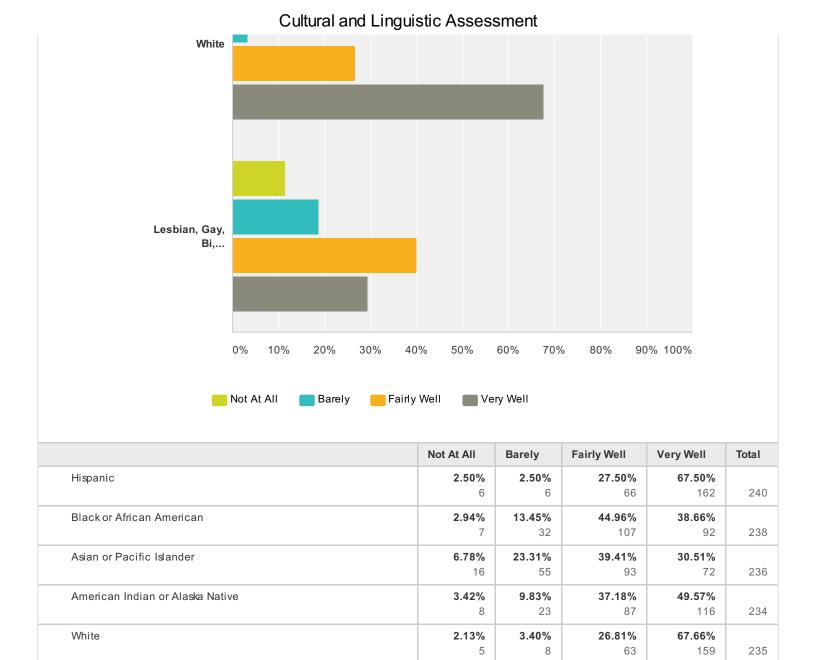
- 1. Achieving cultural competence is a developmental process at both the individual and organizational levels.
- With appropriate support, individuals can enhance their cultural awareness, knowledge and skills over time.
- 3. Cultural strengths exist within organizations or networks of professionals, but often go unnoticed and untapped.

Cultural and linguistic competency policies, procedures and practices are developing at different paces and levels within the NMDOH. Overall, employees do not seem to be aware of existing policies for cultural and linguistic competency. For the most part, employees expressed a commitment to achieving cultural and linguistic competency, but conveyed a sense of isolation in one's attempt to perform in this way.

The assessment indicates that employees have strengths (e.g., training, expertise, professional ethics, etc.) and are untapped resources for developing and promulgating NMDOH's policies. Supports for employees to more fully participate in policy, procedure, and practice development that will result in improved linguistically and culturally public health services are necessary

This collaborative commitment will build a dynamic framework for the NMDOH's organizational culture that will establish services that fully reflect the characteristics and needs of the State's minority majority profile.





11.54%

27

18.80%

44

40.17%

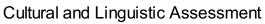
94

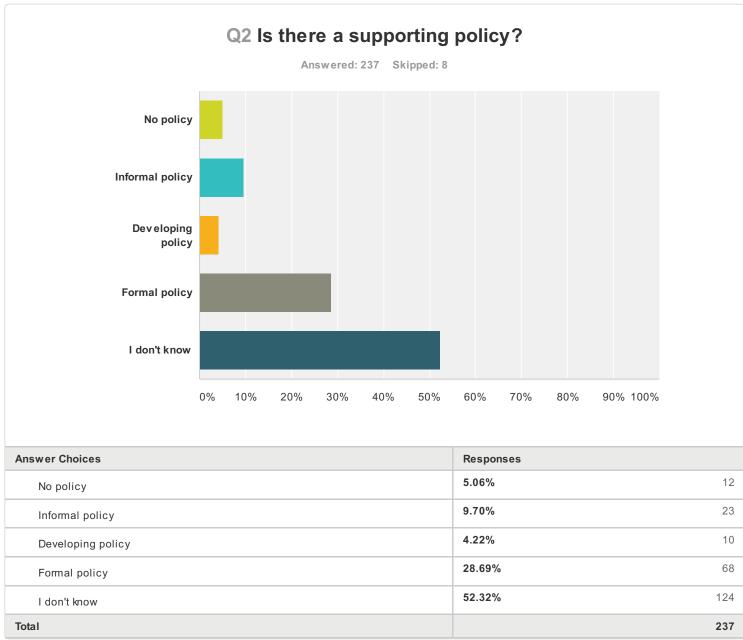
29.49%

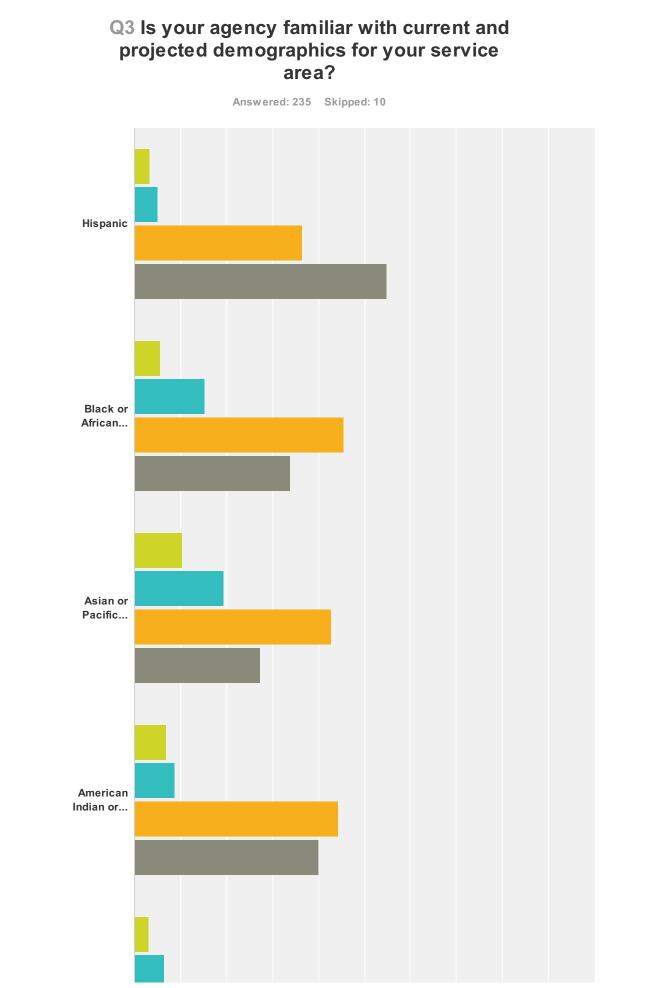
69

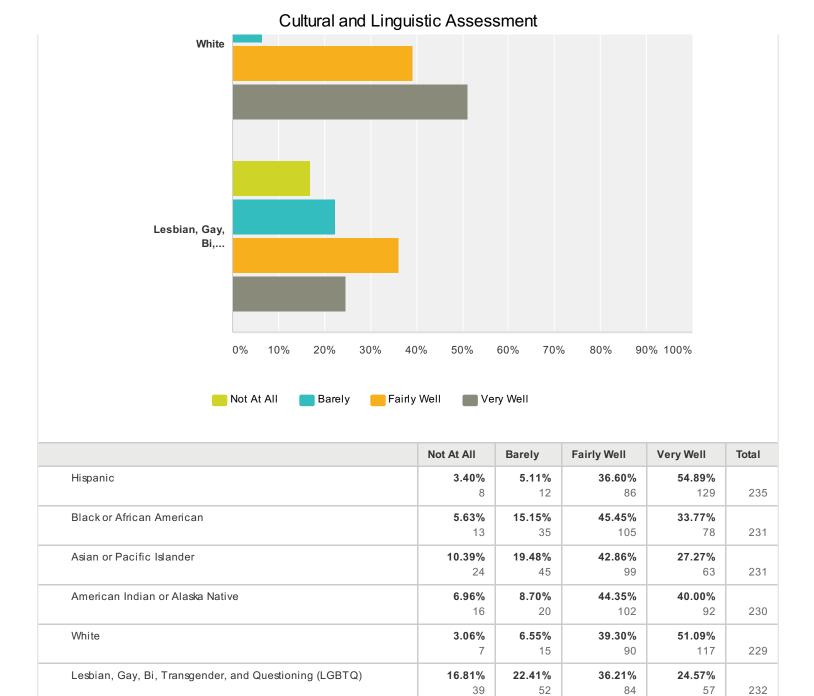
234

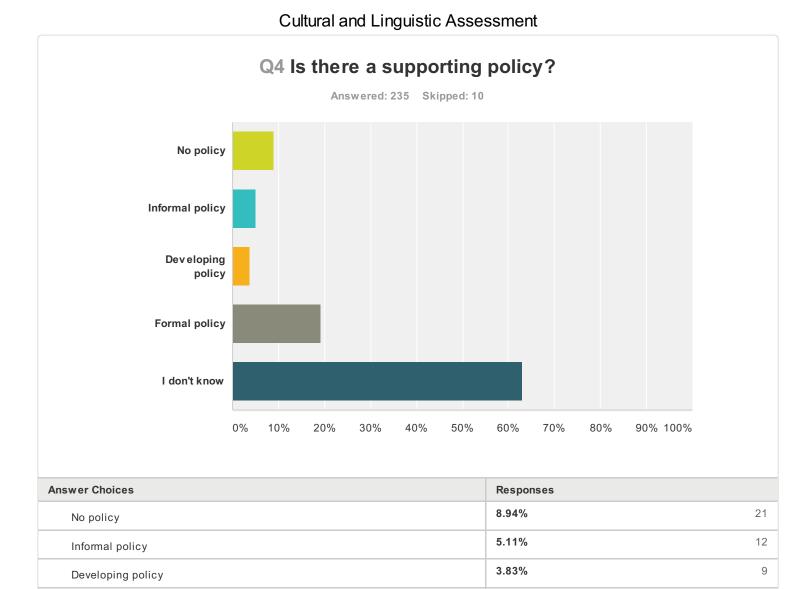
Lesbian, Gay, Bi, Transgender, and Questioning (LGBTQ)











Formal policy

l don't know

Total

19.15%

62.98%

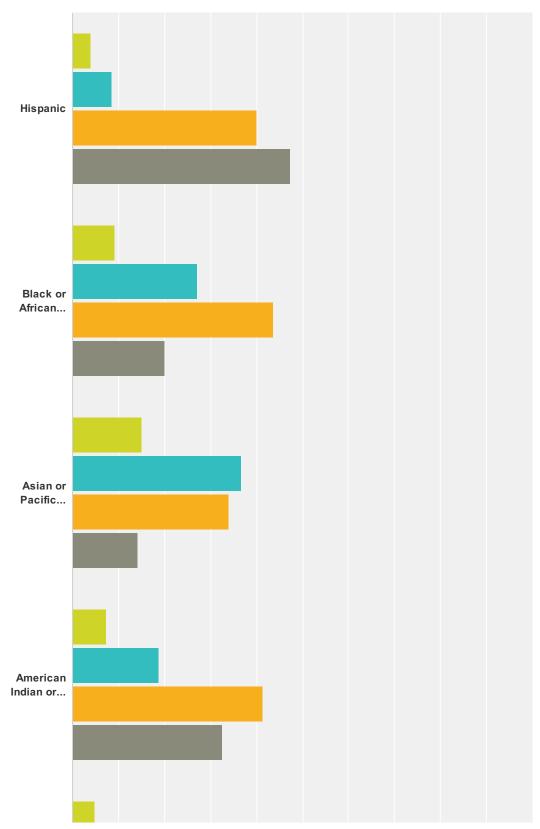
45

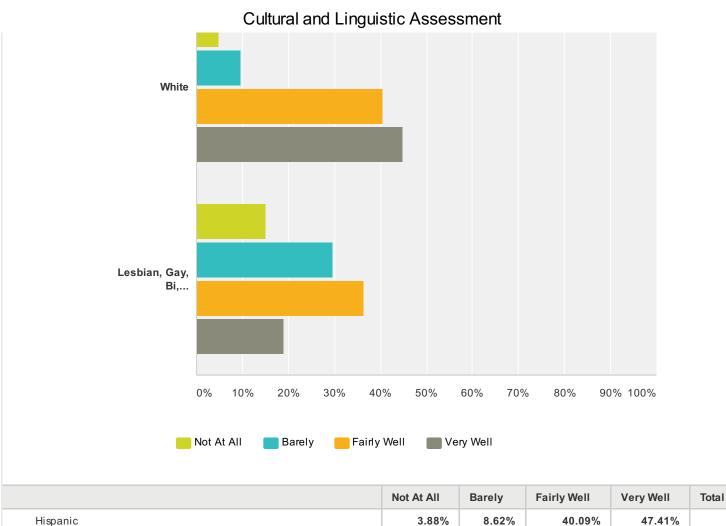
148

235

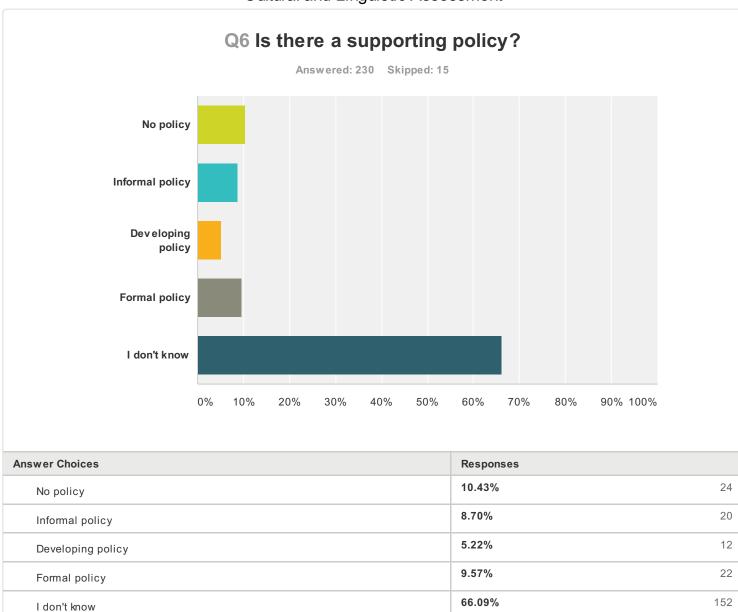
# Q5 Is your agency able to describe the social strengths (e.g., support networks, family ties, spiritual leadership, etc.) of diverse cultural groups in your service area?

Answered: 232 Skipped: 13



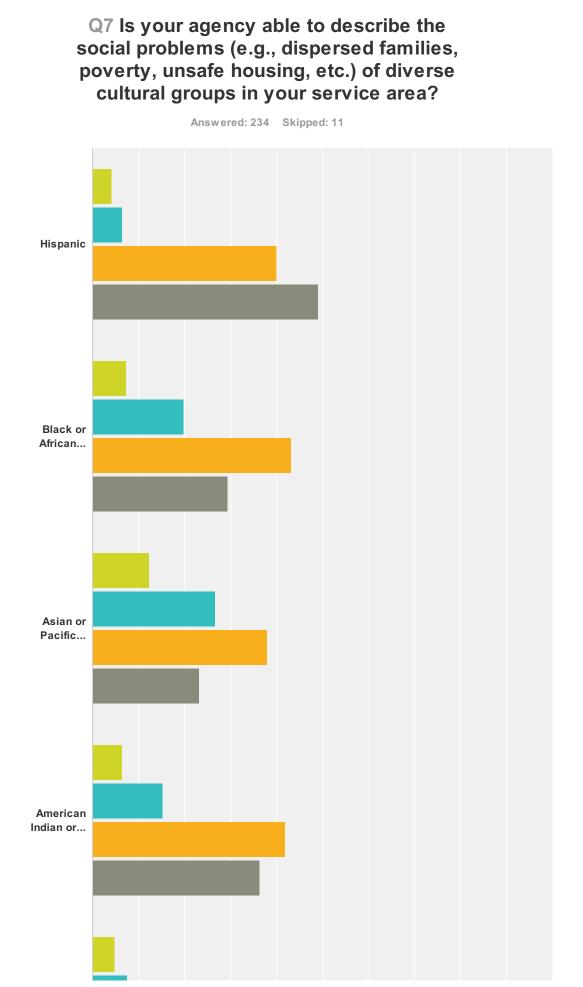


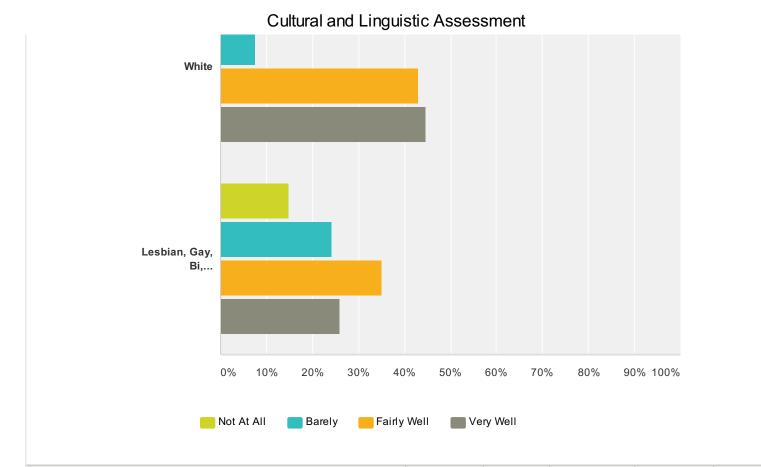
	Not At All	Barely	Fairly Well	Very Well	lotal
Hispanic	3.88%	8.62%	40.09%	47.41%	
	9	20	93	110	232
Black or African American	9.17%	27.07%	43.67%	20.09%	
	21	62	100	46	229
Asian or Pacific Islander	15.04%	36.73%	34.07%	14.16%	
	34	83	77	32	226
American Indian or Alaska Native	7.39%	18.70%	41.30%	32.61%	
	17	43	95	75	230
White	4.85%	9.69%	40.53%	44.93%	
	11	22	92	102	227
Lesbian, Gay, Bi, Transgender, and Questioning (LGBTQ)	15.04%	29.65%	36.28%	19.03%	
	34	67	82	43	226



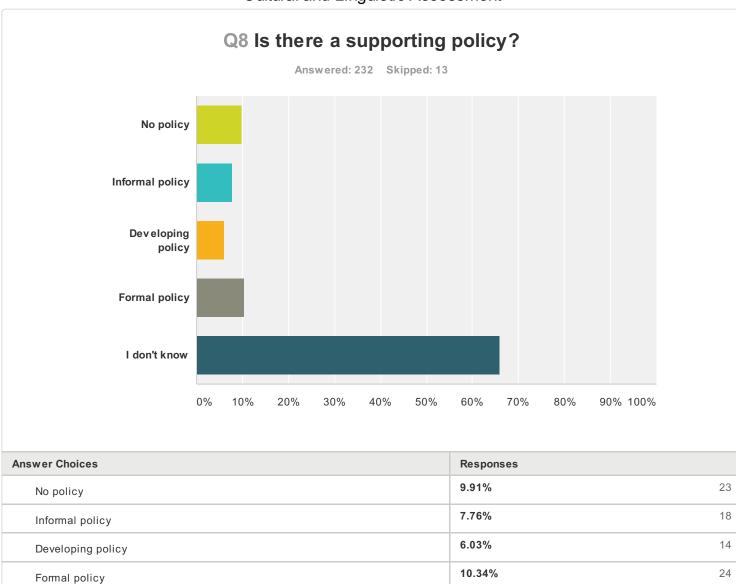
230

Total





	Not At All	Barely	Fairly Well	Very Well	Total
Hispanic	<b>4.27%</b> 10	<b>6.41%</b> 15	<b>40.17%</b> 94	<b>49.15%</b> 115	234
Black or African American	<b>7.36%</b> 17	<b>19.91%</b> 46	<b>43.29%</b> 100	<b>29.44%</b> 68	23
Asian or Pacific Islander	<b>12.23%</b> 28	<b>26.64%</b> 61	<b>37.99%</b> 87	<b>23.14%</b> 53	22
American Indian or Alaska Native	<b>6.49%</b> 15	<b>15.15%</b> 35	<b>41.99%</b> 97	<b>36.36%</b> 84	23
White	<b>4.82%</b> 11	<b>7.46%</b> 17	<b>42.98%</b> 98	<b>44.74%</b> 102	22
Lesbian, Gay, Bi, Transgender, and Questioning (LGBTQ)	<b>14.91%</b> 34	<b>24.12%</b> 55	<b>35.09%</b> 80	<b>25.88%</b> 59	22



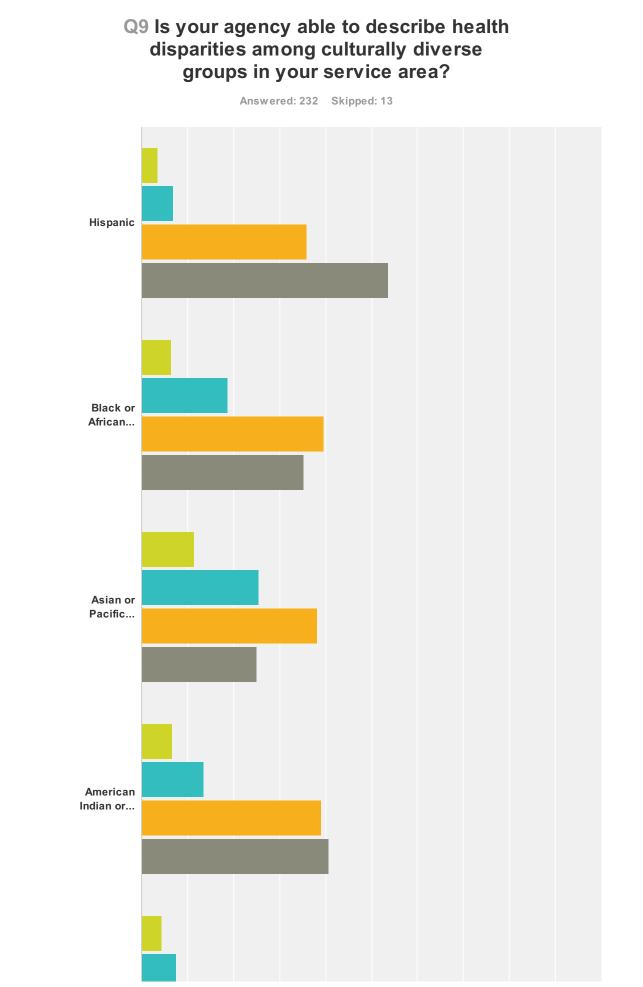
l don't know

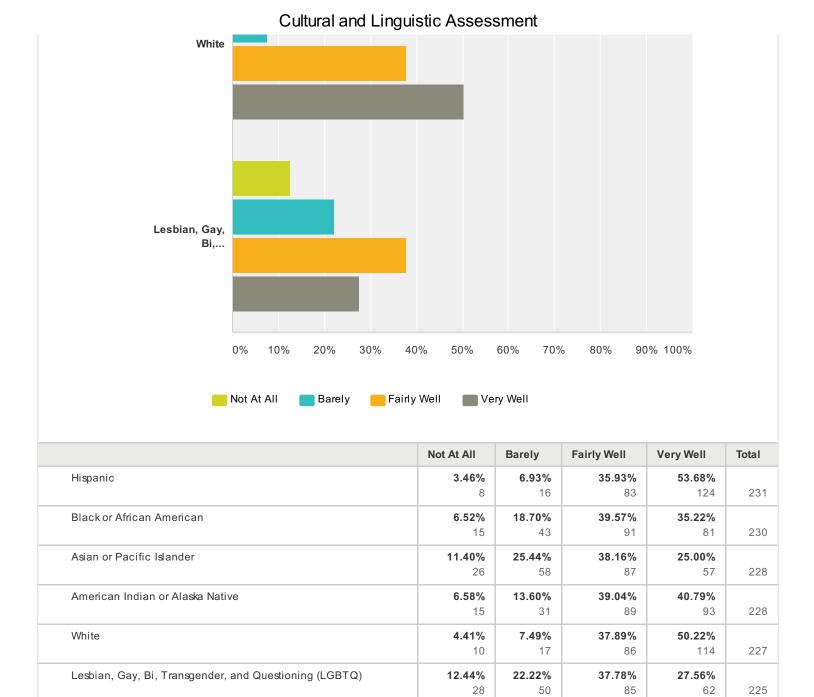
Total

65.95%

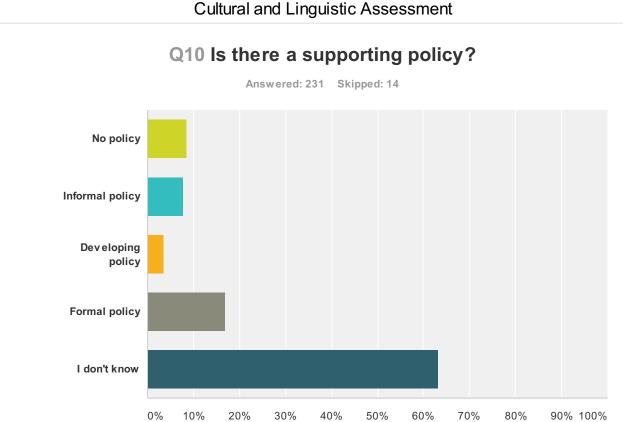
153

232

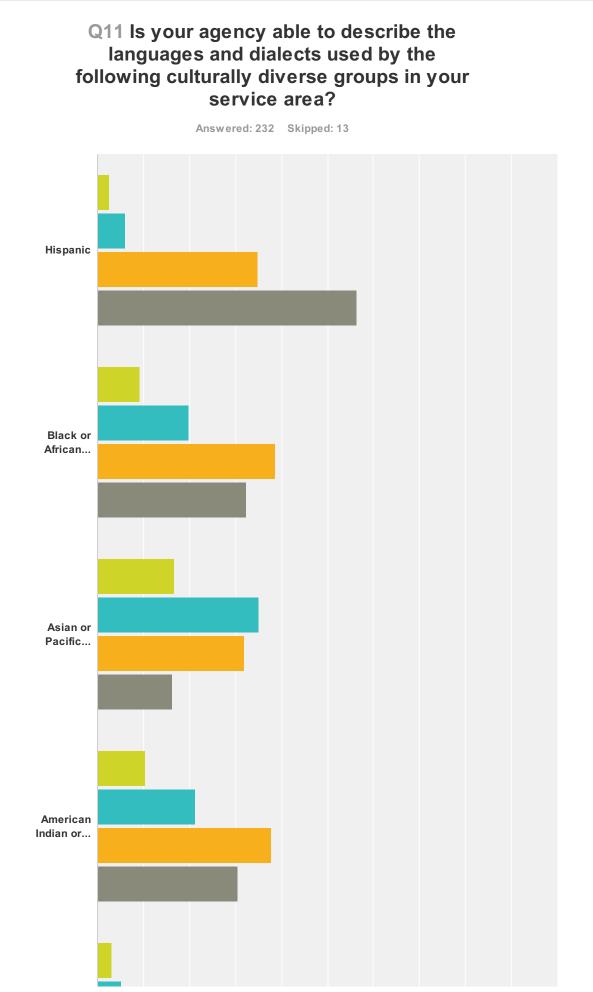


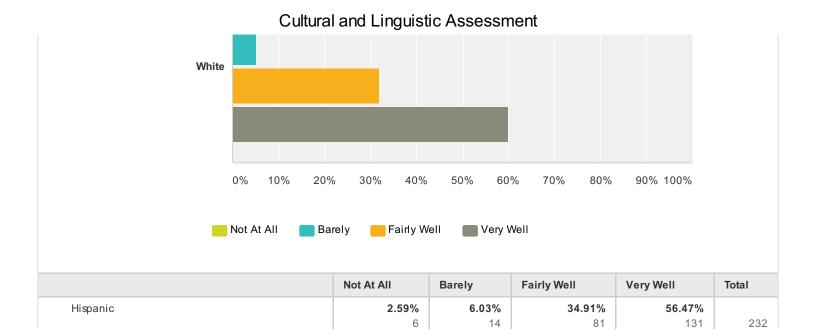


#### 14 / 100



Answer Choices	Responses	
No policy	8.66%	20
Informal policy	7.79%	18
Developing policy	3.46%	8
Formal policy	16.88%	39
l don't know	63.20%	146
Total		231





9.21%

16.67%

10.43%

3.06%

21

38

24

7

Black or African American

Asian or Pacific Islander

White

American Indian or Alaska Native

19.74%

35.09%

21.30%

5.24%

45

80

49

12

38.60%

32.02%

37.83%

31.88%

88

73

87

73

32.46%

16.23%

**30.43%** 

59.83%

137

74

37

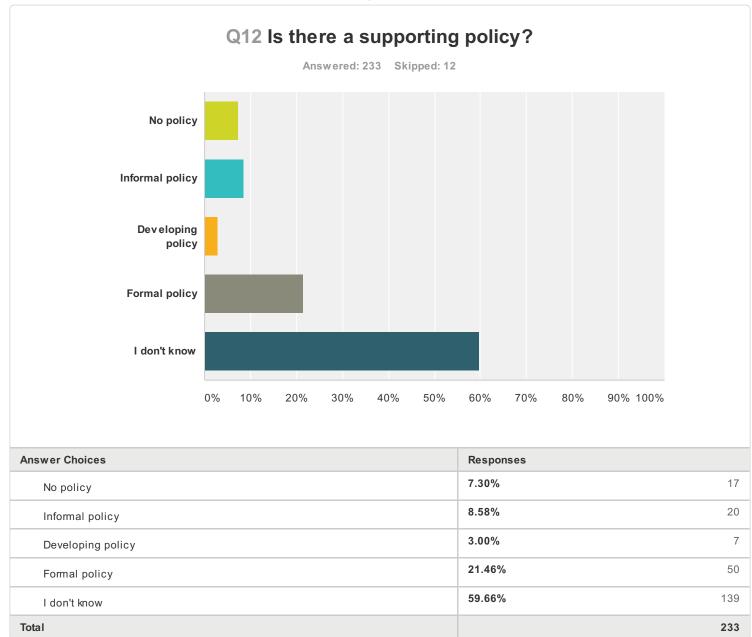
228

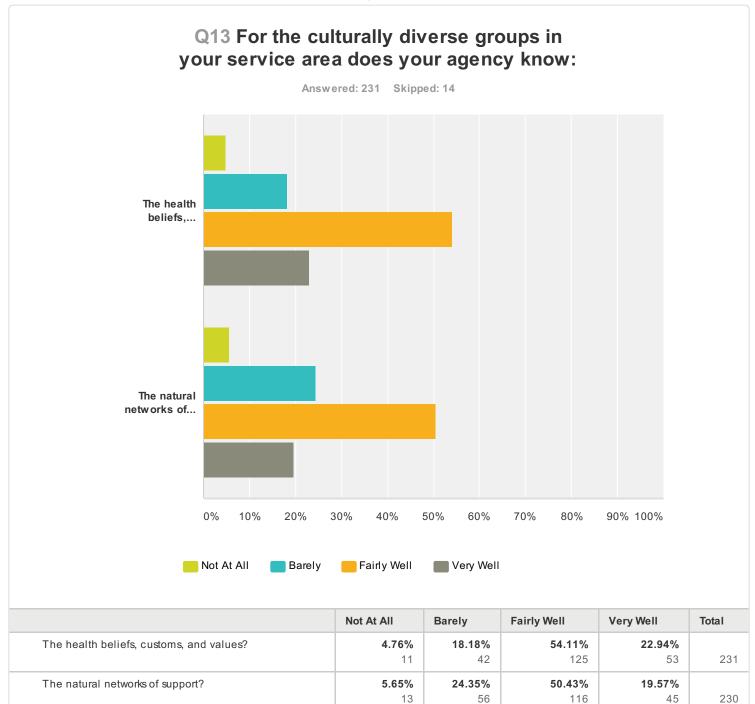
228

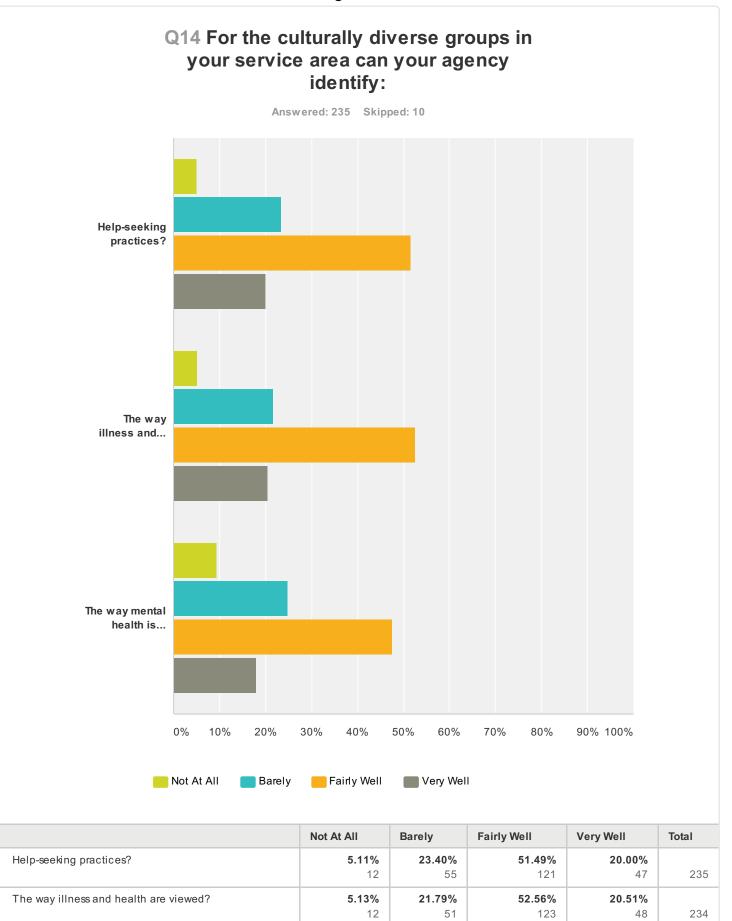
230

229

1	7	/	1	0	0







The way mental health is perceived?

9.44%

22

24.89%

58

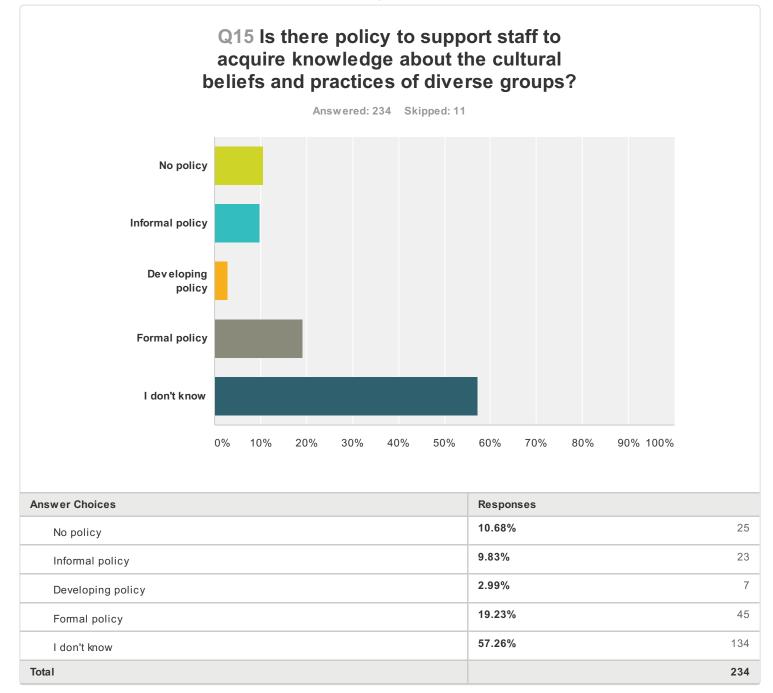
47.64%

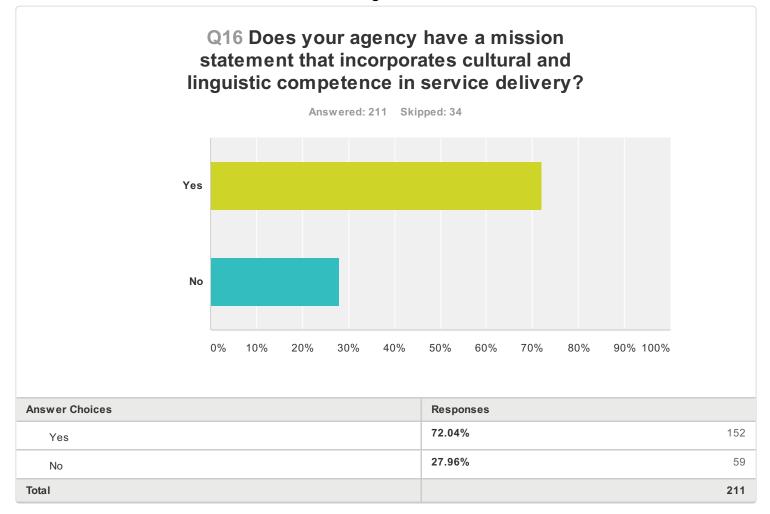
111

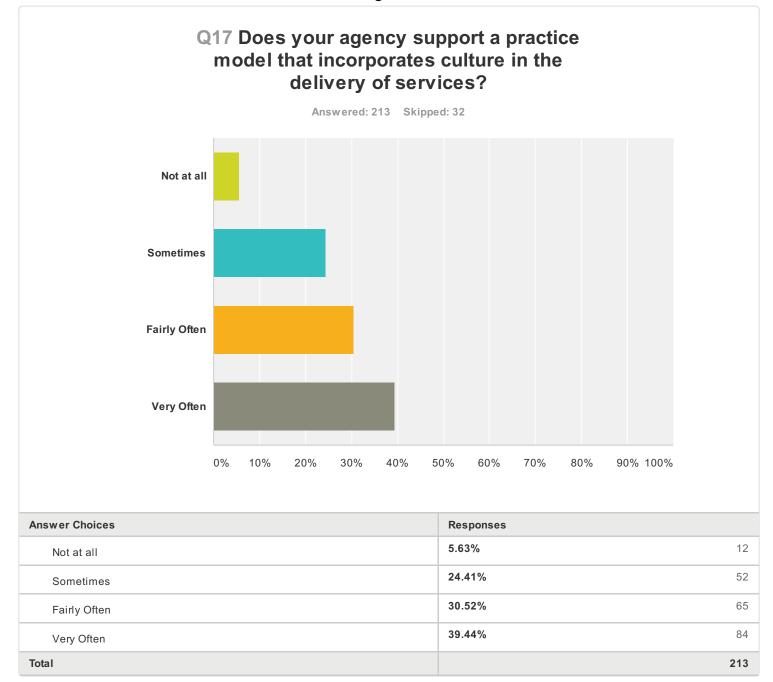
18.03%

42

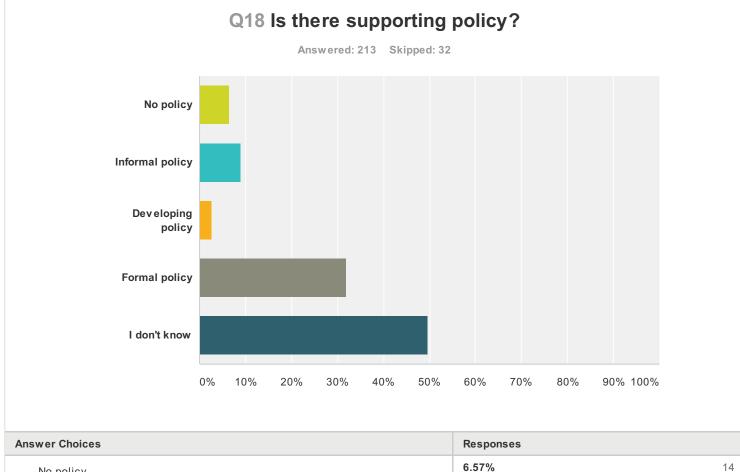
233



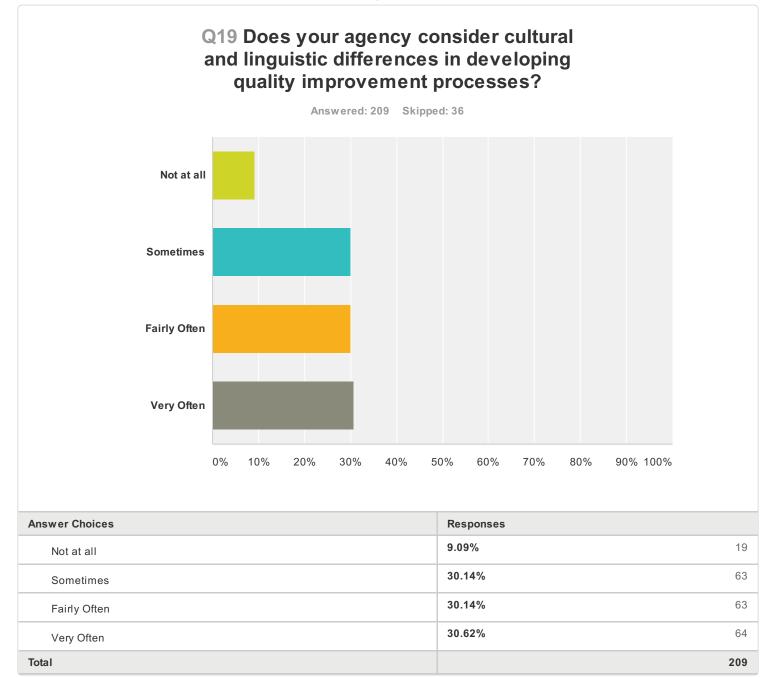


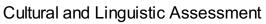


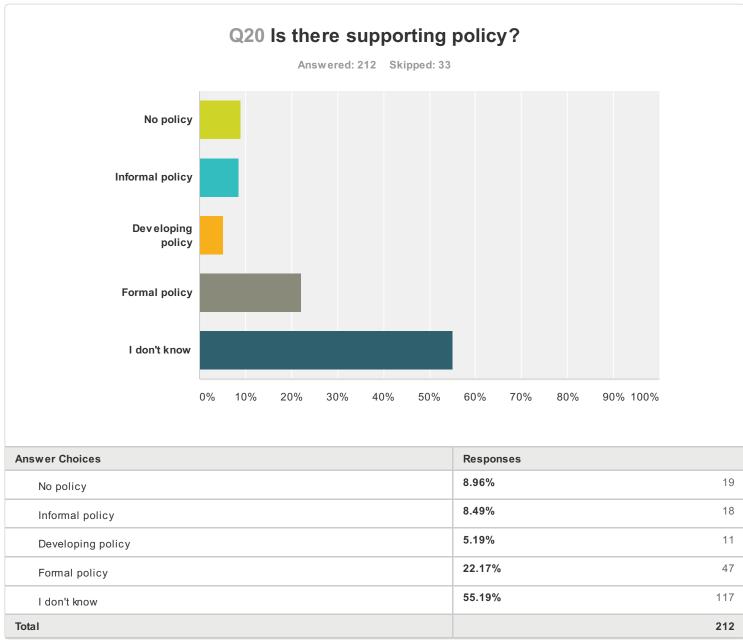


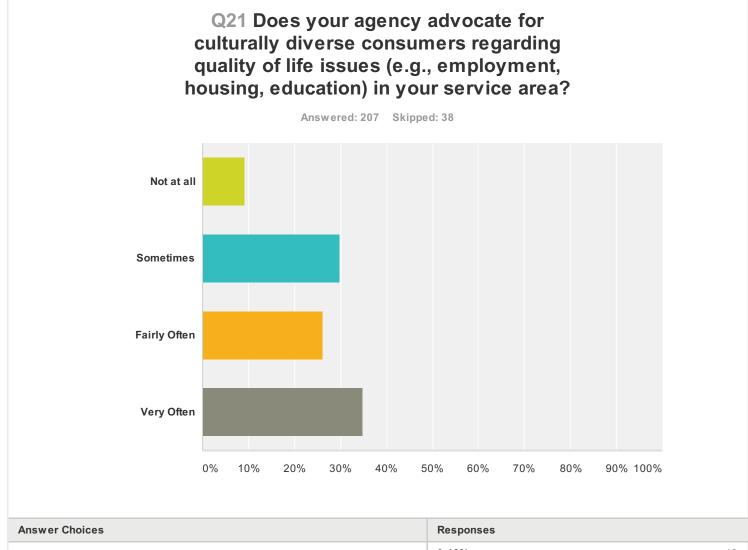


Answer Choices	Responses
No policy	<b>6.57%</b> 14
Informal policy	<b>8.92%</b> 19
Developing policy	<b>2.82%</b> 6
Formal policy	<b>31.92%</b> 68
l don't know	<b>49.77%</b> 106
Total	213



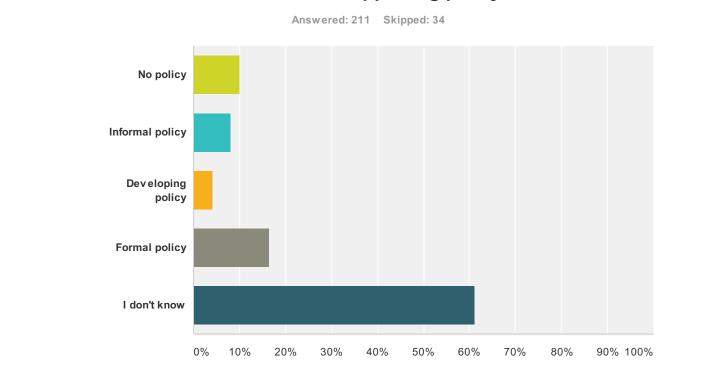




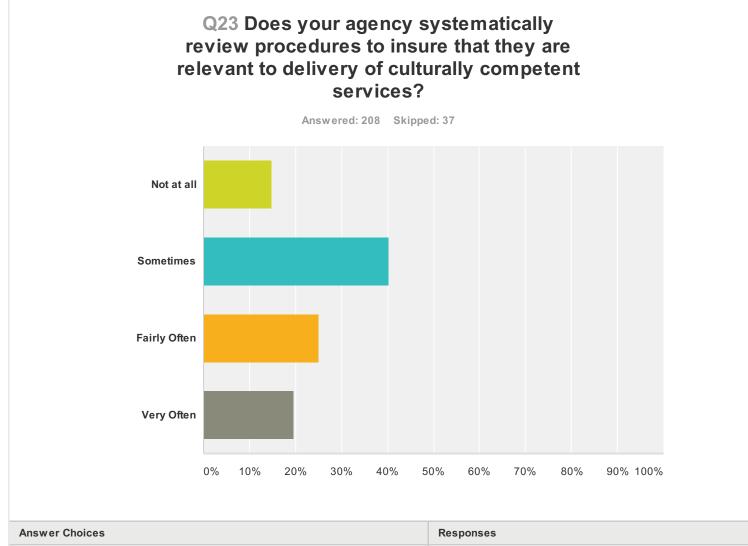


Answer Choices	Responses
Not at all	<b>9.18%</b> 19
Sometimes	<b>29.95%</b> 62
Fairly Often	<b>26.09%</b> 54
Very Often	<b>34.78%</b> 72
Total	207

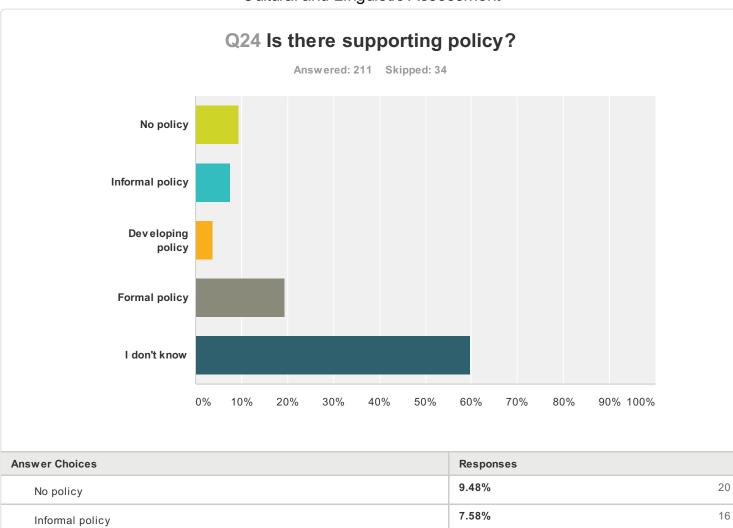




Answer Choices	Responses	
No policy	9.95%	21
Informal policy	8.06%	17
Developing policy	4.27%	9
Formal policy	16.59%	35
l don't know	61.14%	129
Total		211



Answer Choices	Responses
Not at all	<b>14.90%</b> 31
Sometimes	<b>40.38%</b> 84
Fairly Often	<b>25.00%</b> 52
Very Often	<b>19.71%</b> 41
Total	208



Developing policy

Formal policy

l don't know

Total

3.79%

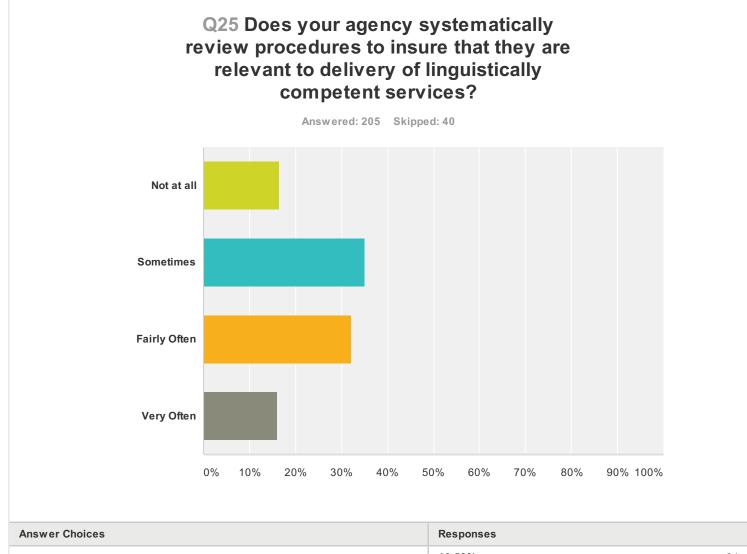
19.43%

59.72%

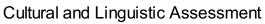
8

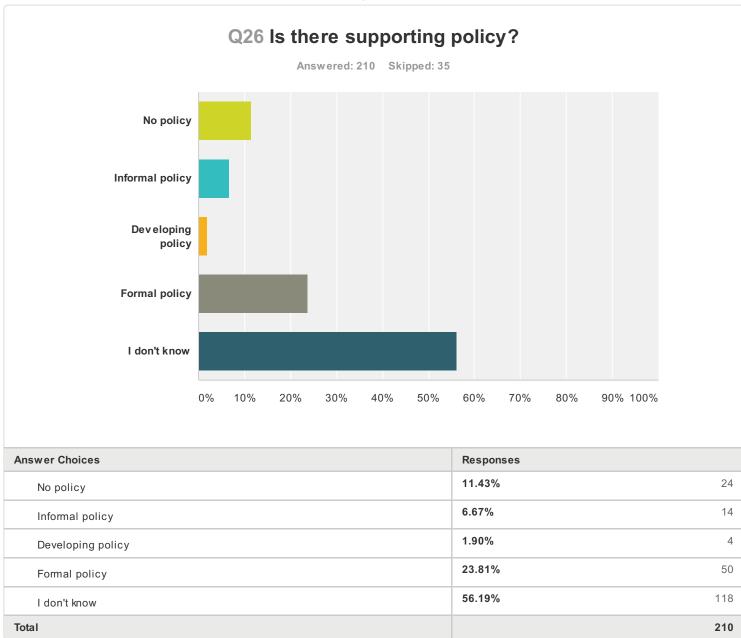
41

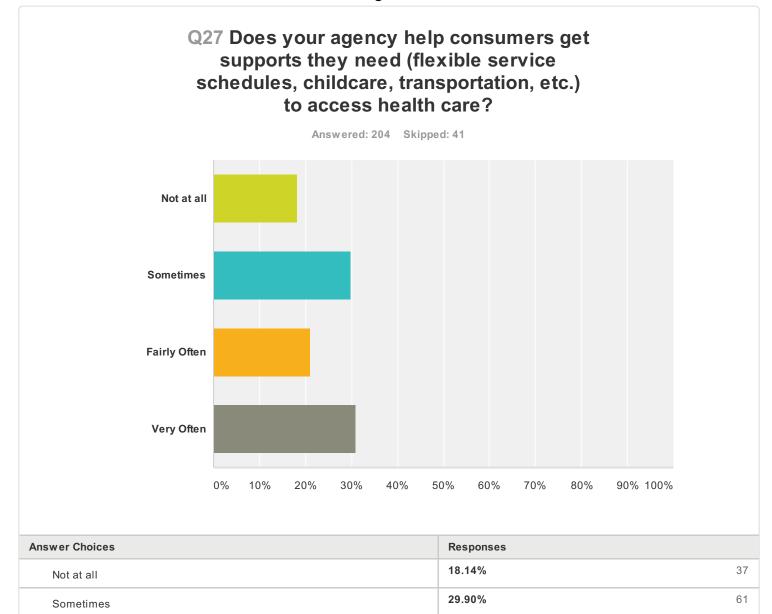
126



Answer Choices	Responses
Not at all	<b>16.59%</b> 34
Sometimes	<b>35.12%</b> 72
Fairly Often	<b>32.20%</b> 66
Very Often	<b>16.10%</b> 33
Total	205







Fairly Often

Very Often

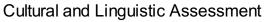
Total

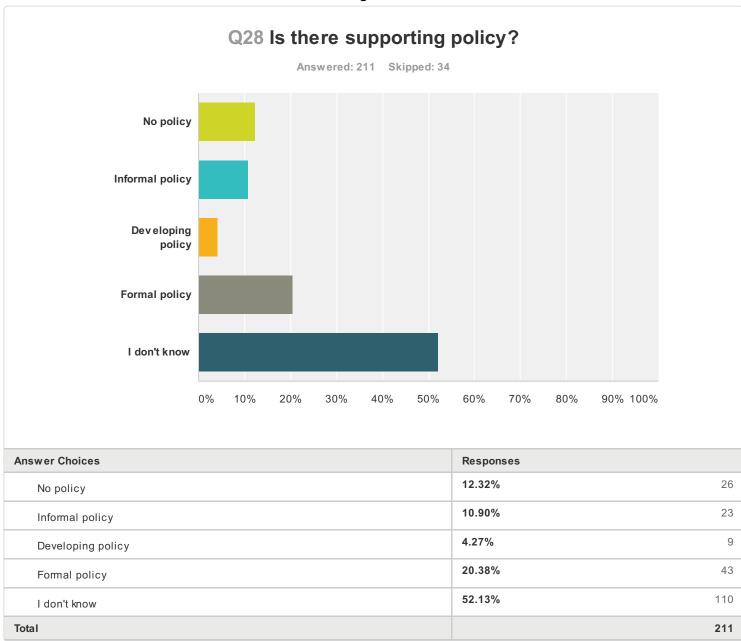
21.08%

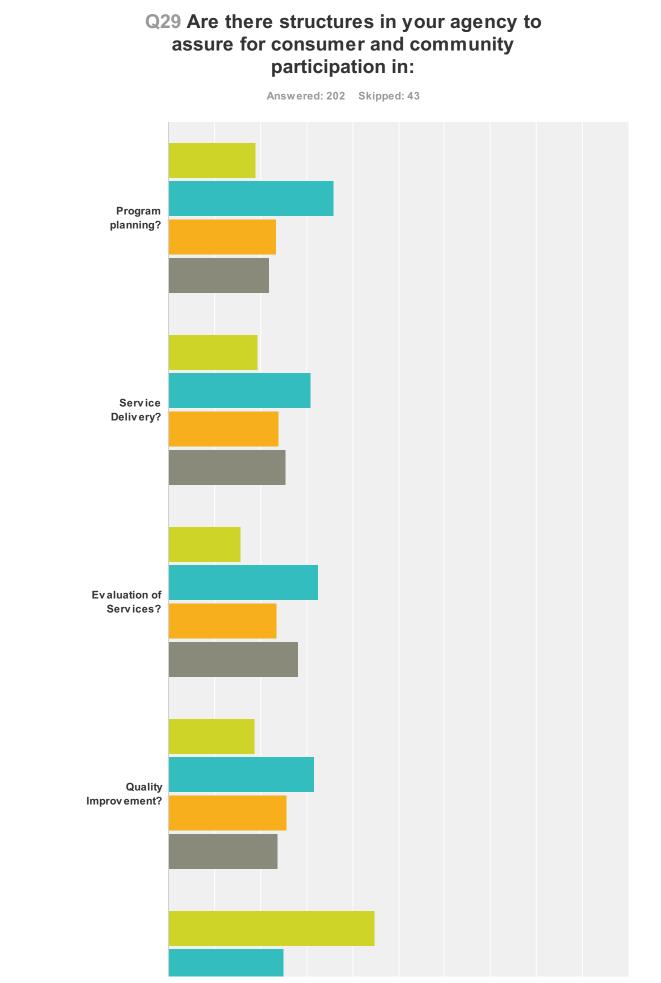
30.88%

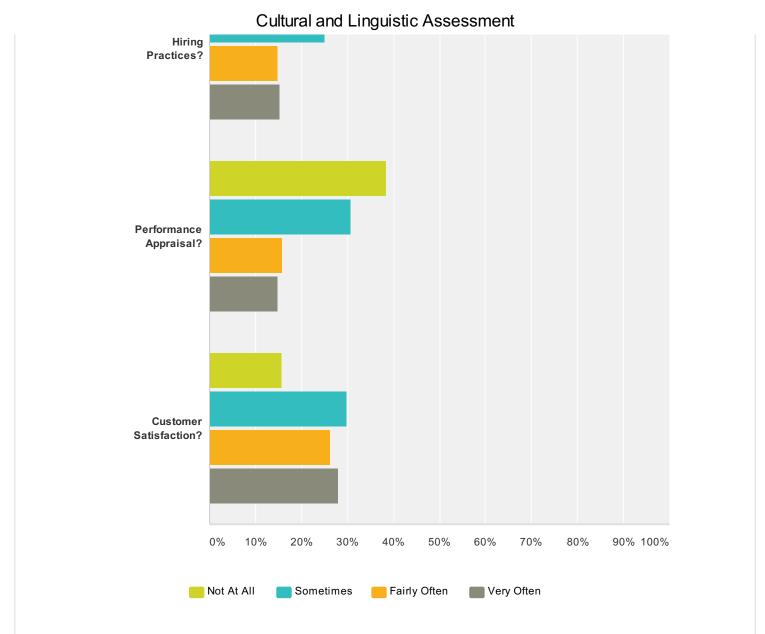
43

63

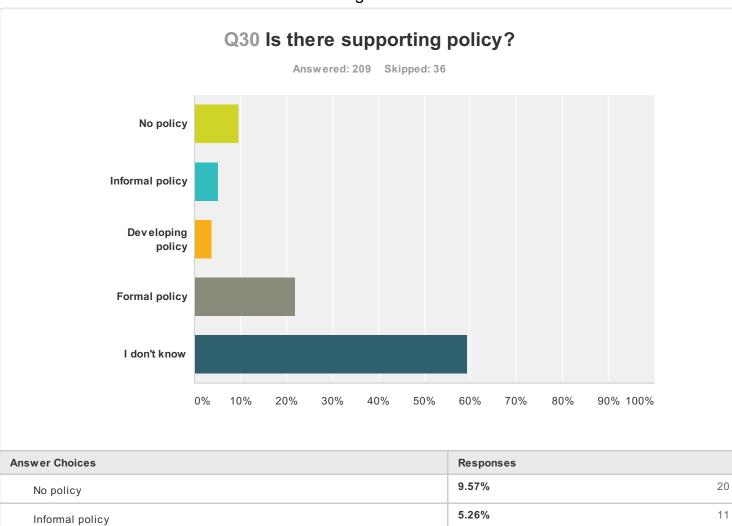








	Not At All	Sometimes	Fairly Often	Very Often	Total
Program planning?	18.91%	35.82%	23.38%	21.89%	
	38	72	47	44	20
Service Delivery?	19.50%	31.00%	24.00%	25.50%	
-	39	62	48	51	2
Evaluation of Services?	15.58%	32.66%	23.62%	28.14%	
	31	65	47	56	1
Quality Improvement?	18.69%	31.82%	25.76%	23.74%	
	37	63	51	47	1
Hiring Practices?	44.90%	25.00%	14.80%	15.31%	
C C	88	49	29	30	1
Performance Appraisal?	38.46%	30.77%	15.90%	14.87%	
	75	60	31	29	1
Customer Satisfaction?	15.74%	29.95%	26.40%	27.92%	
	31	59	52	55	1



Developing policy

Formal policy

l don't know

Total

3.83%

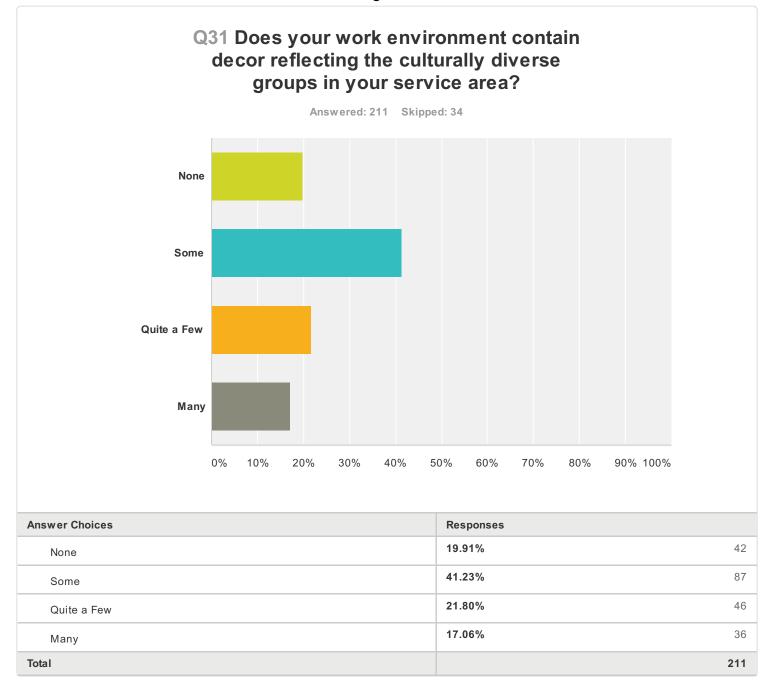
22.01%

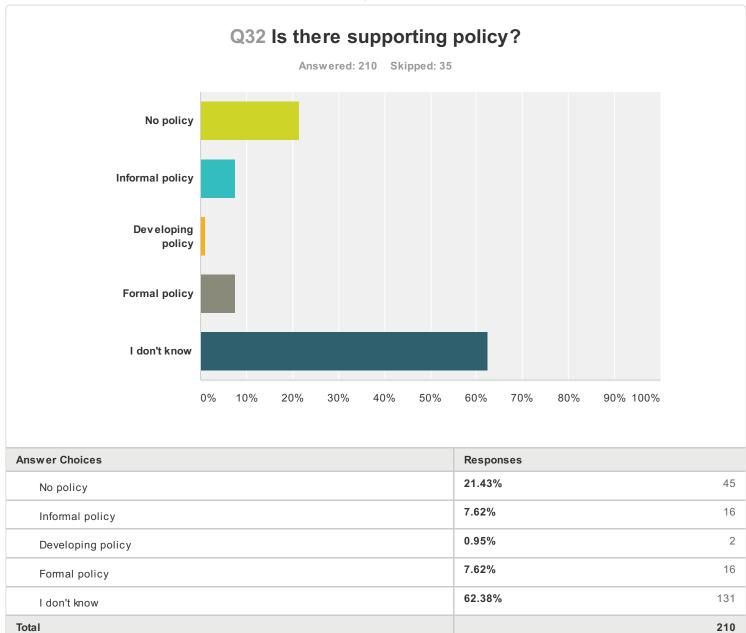
59.33%

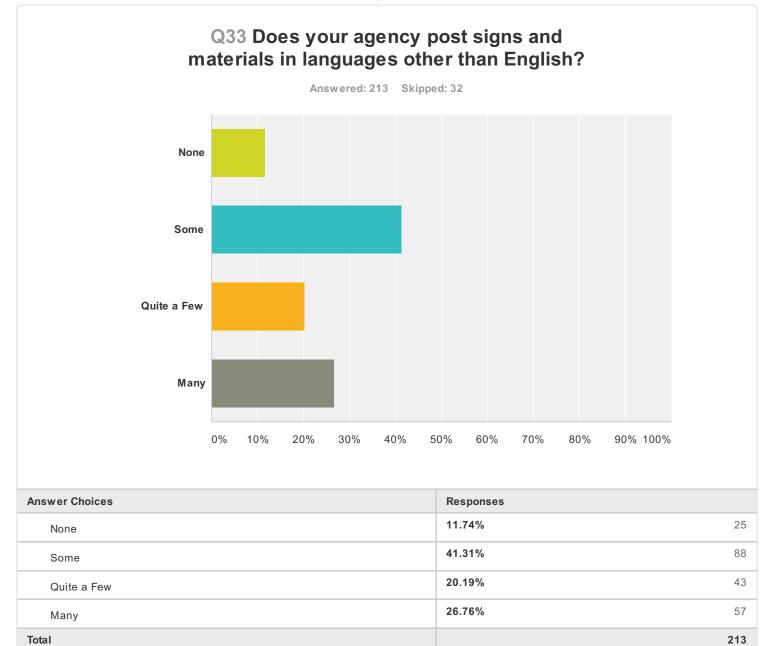
8

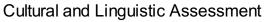
46

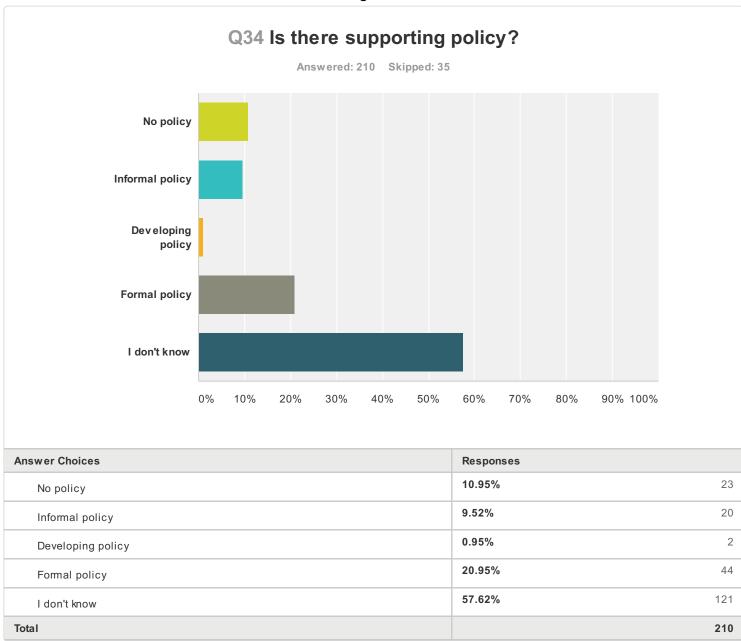
124

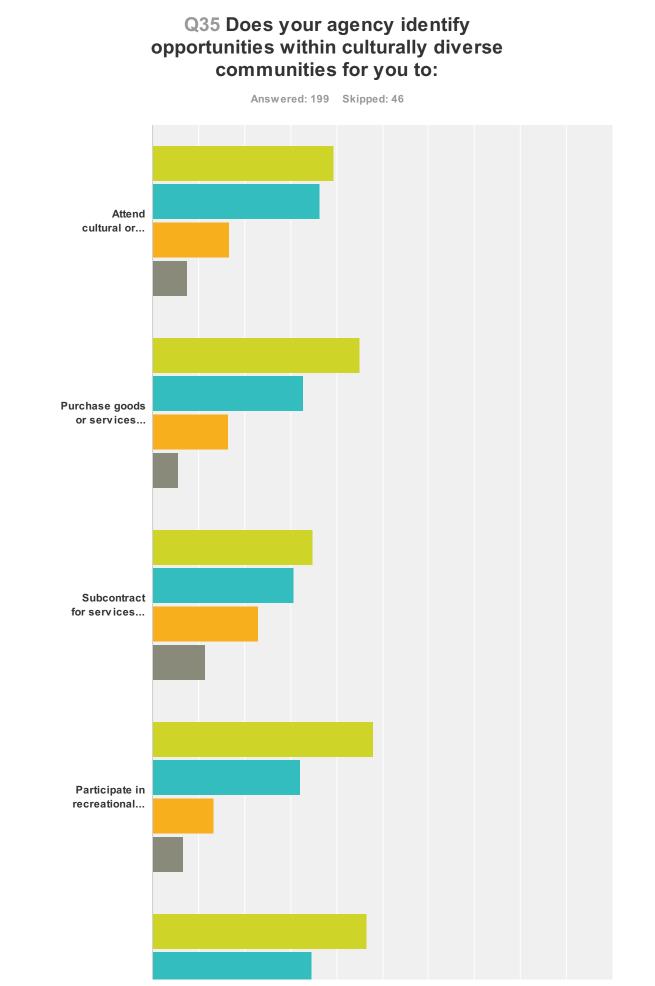


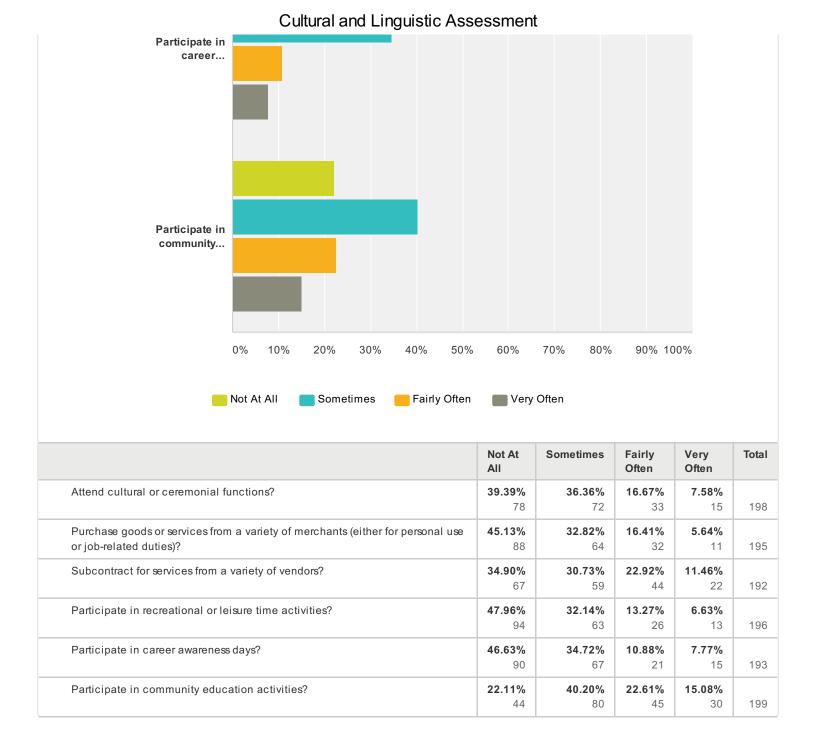


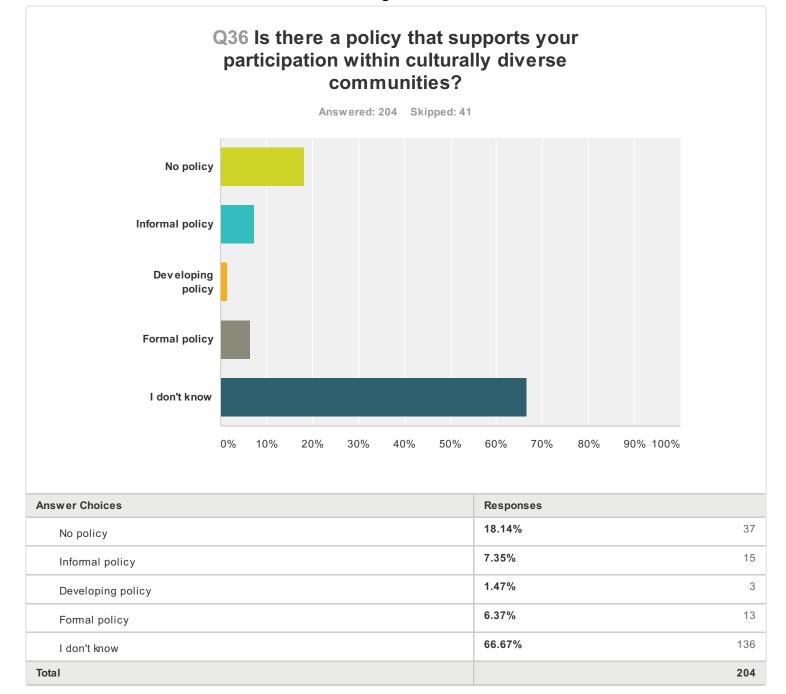


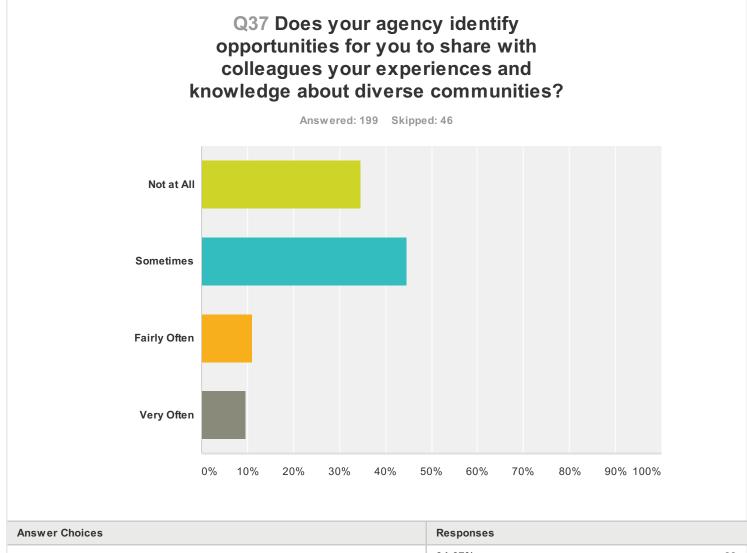




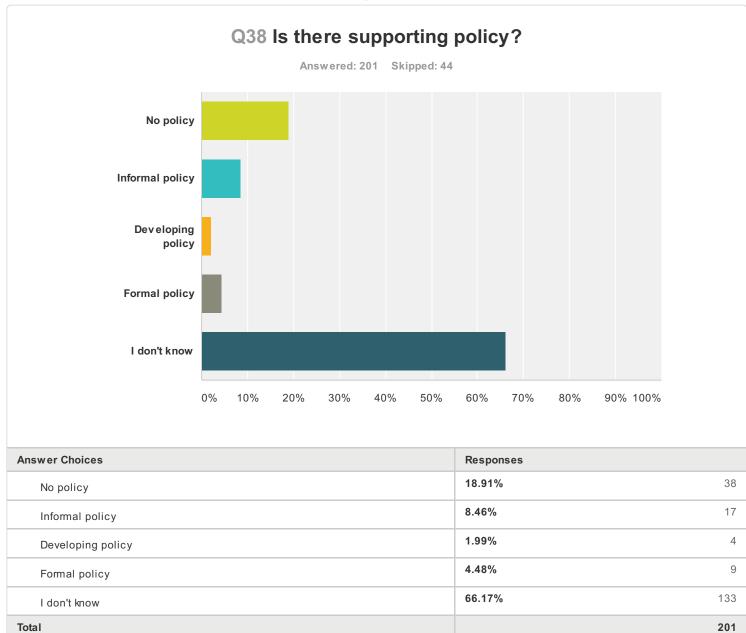


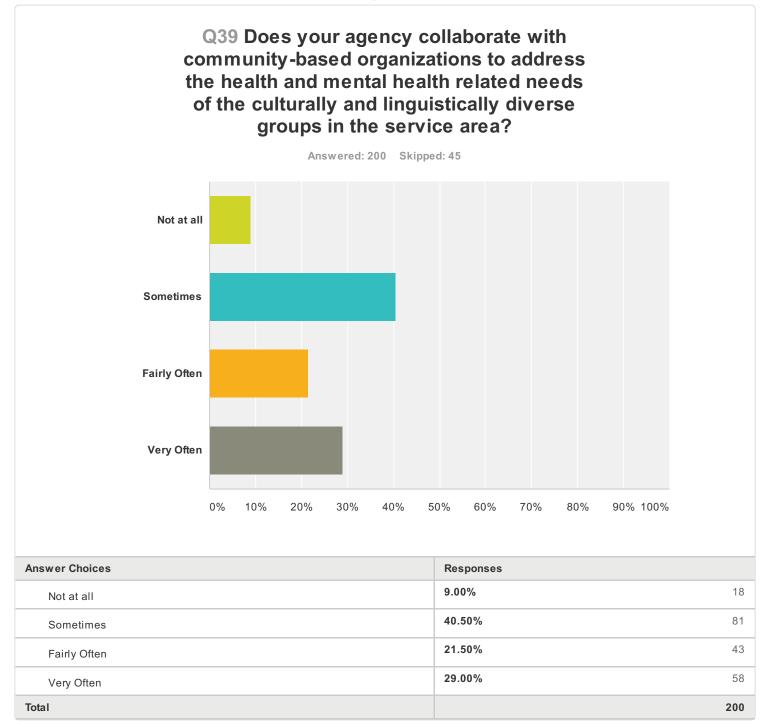


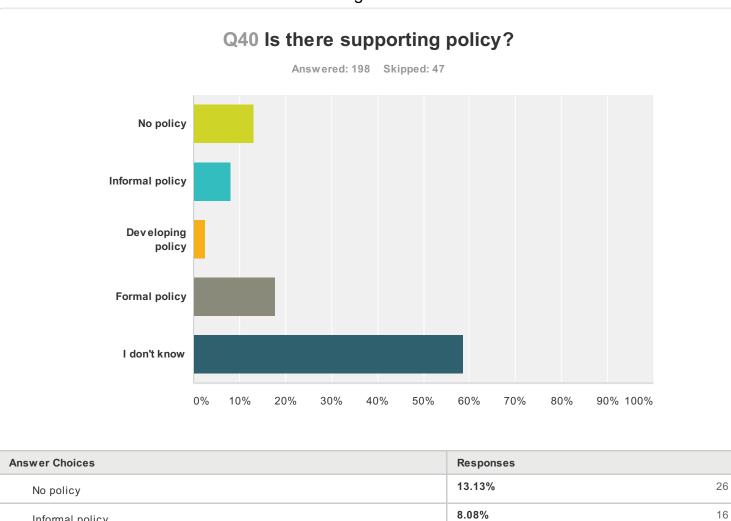




Answer Choices	Responses
Not at All	<b>34.67%</b> 69
Sometimes	<b>44.72%</b> 89
Fairly Often	<b>11.06%</b> 22
Very Often	<b>9.55%</b> 19
Total	199







2.53%

17.68%

58.59%

5

35

116

198

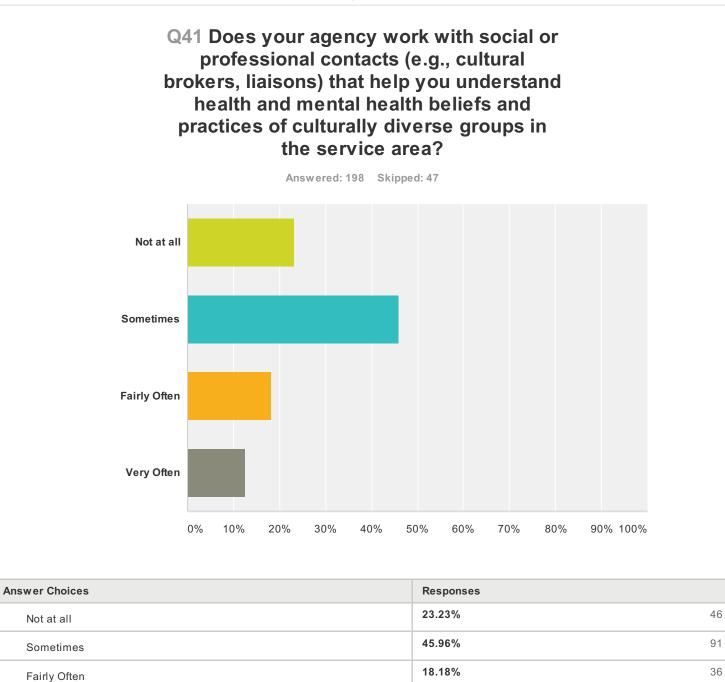
Informal policy

Formal policy

I don't know

Total

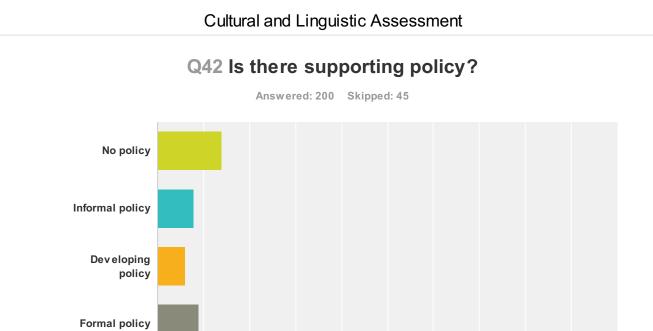
Developing policy



Very Often

12.63%

25



I don't know

0%

10%

Answer Choices	Responses	
No policy	14.00%	28
Informal policy	8.00%	16
Developing policy	6.00%	12
Formal policy	9.00%	18
l don't know	63.00%	126
Total		200

40%

50%

60%

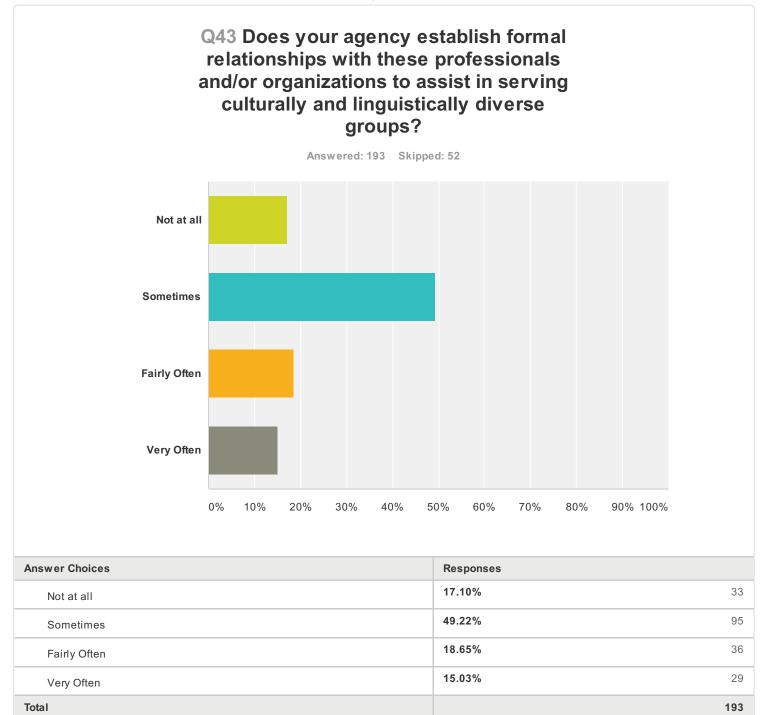
70%

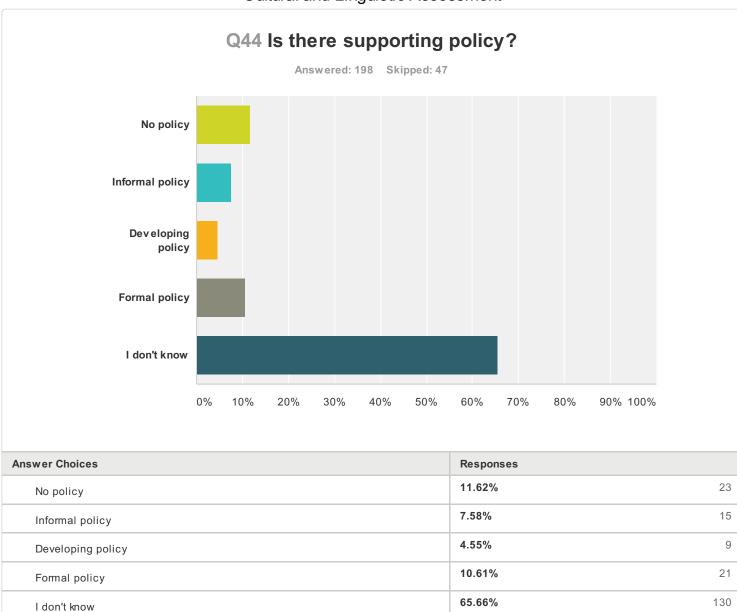
80%

90% 100%

30%

20%

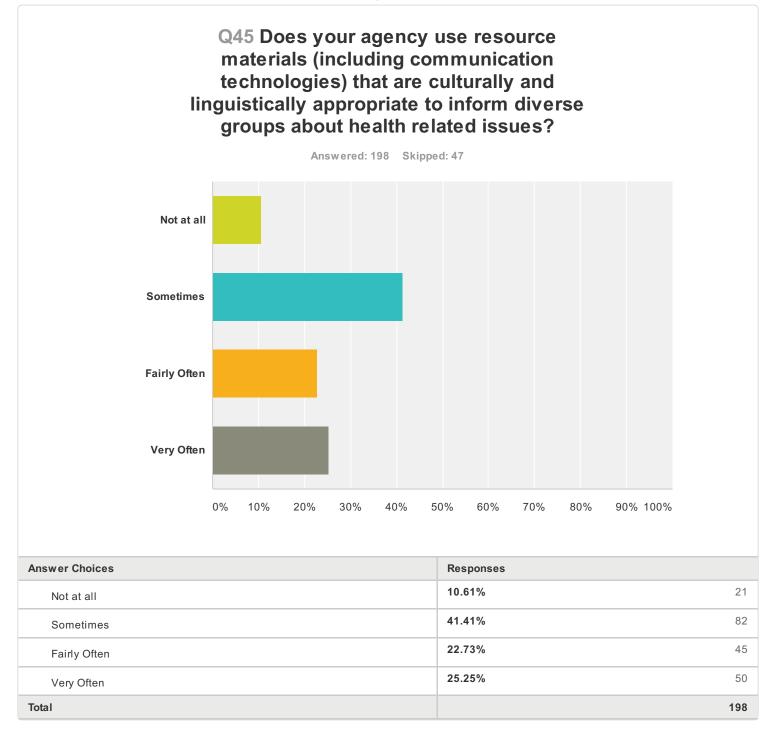


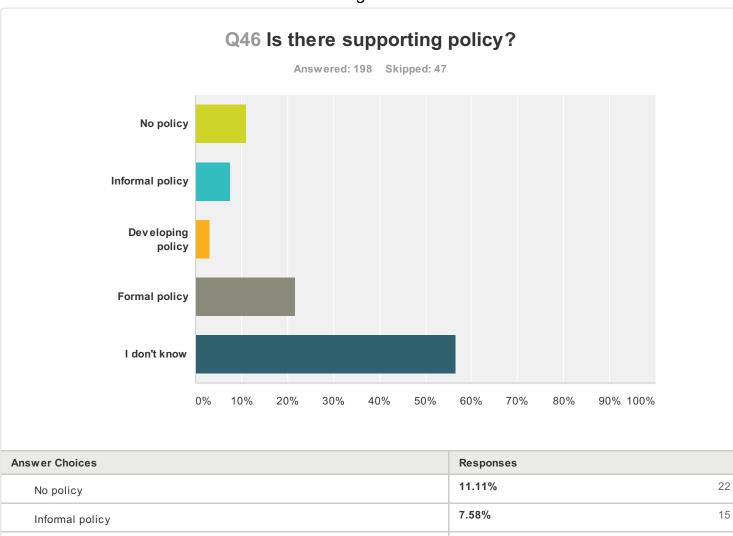


198

Total

## Cultural and Linguistic Assessment





Developing policy

Formal policy

l don't know

Total

3.03%

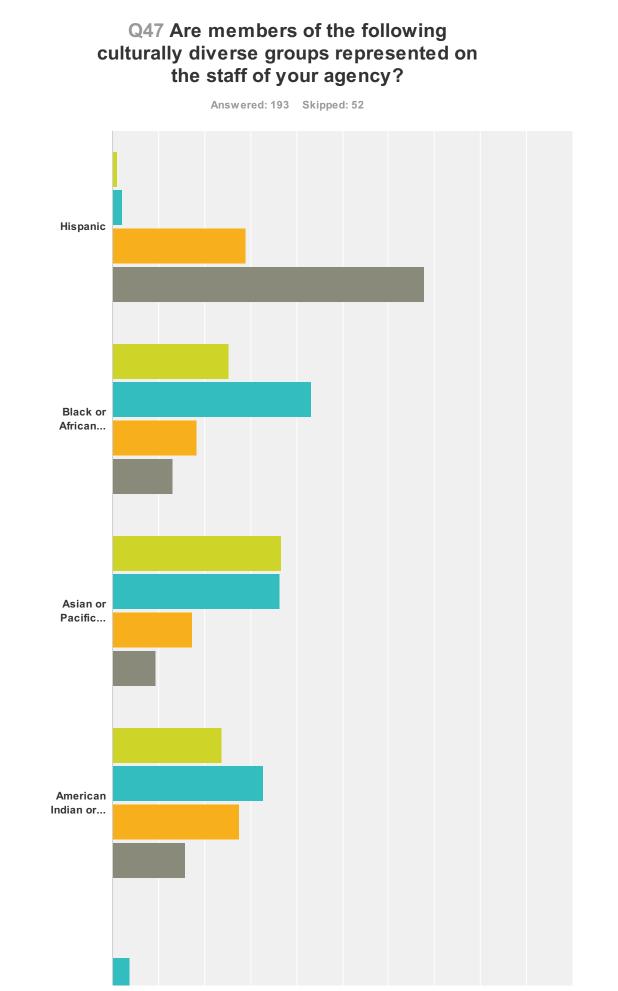
21.72%

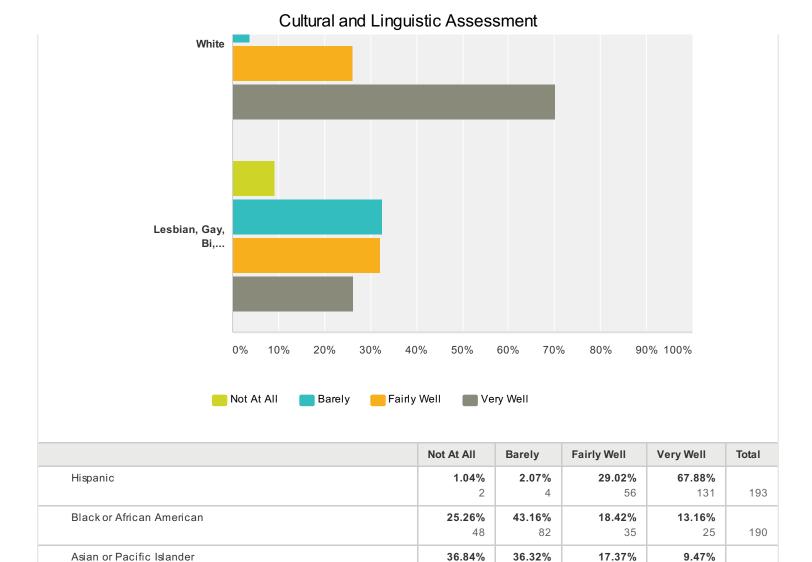
56.57%

6

43

112





American Indian or Alaska Native

Lesbian, Gay, Bi, Transgender, and Questioning (LGBTQ)

White

70

45

0

17

23.81%

0.00%

9.09%

69

62

7

61

32.80%

3.72%

32.62%

33

52

49

60

27.51%

26.06%

32.09%

190

189

188

187

18

30

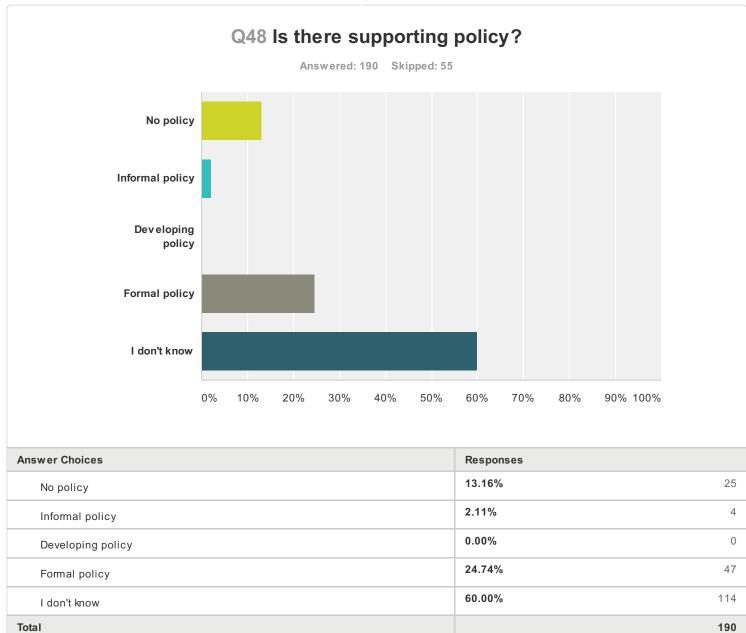
132

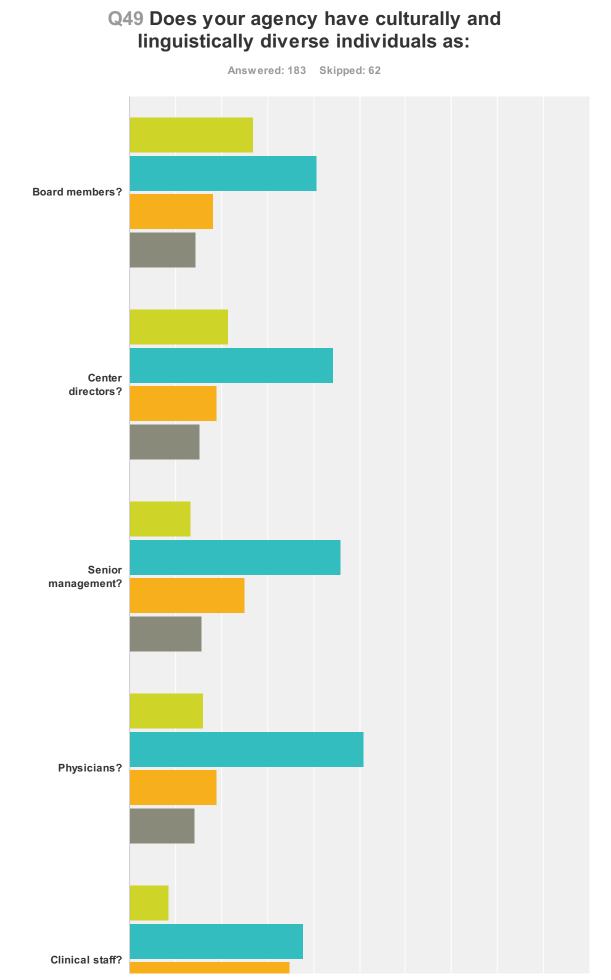
49

15.87%

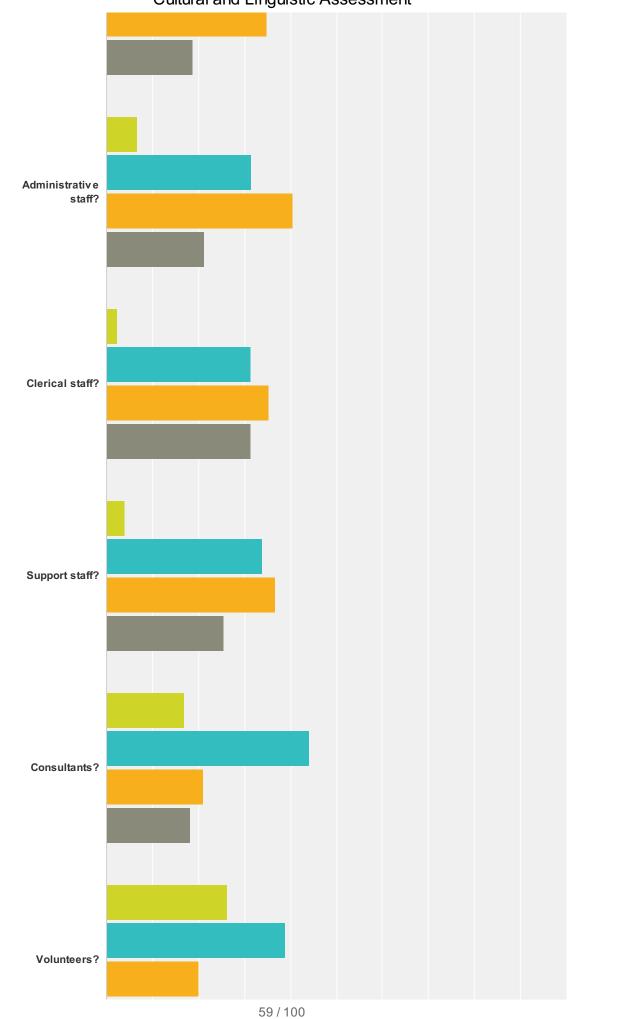
70.21%

26.20%

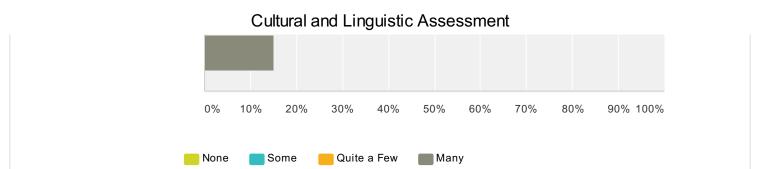




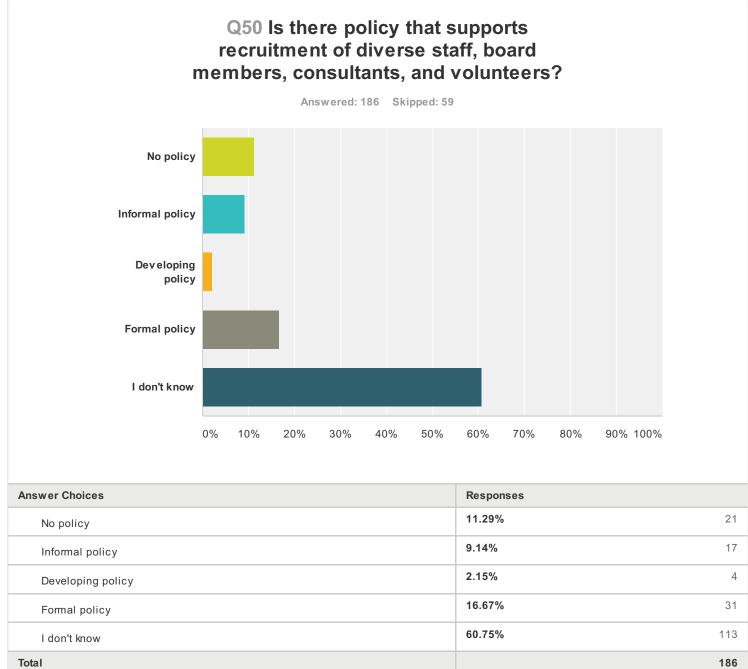
<sup>58 / 100</sup> 



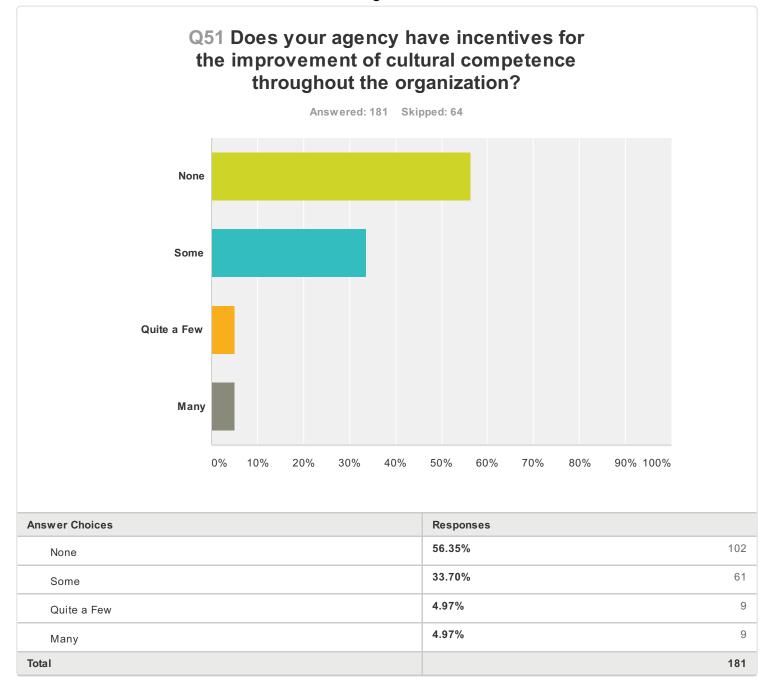
# Cultural and Linguistic Assessment

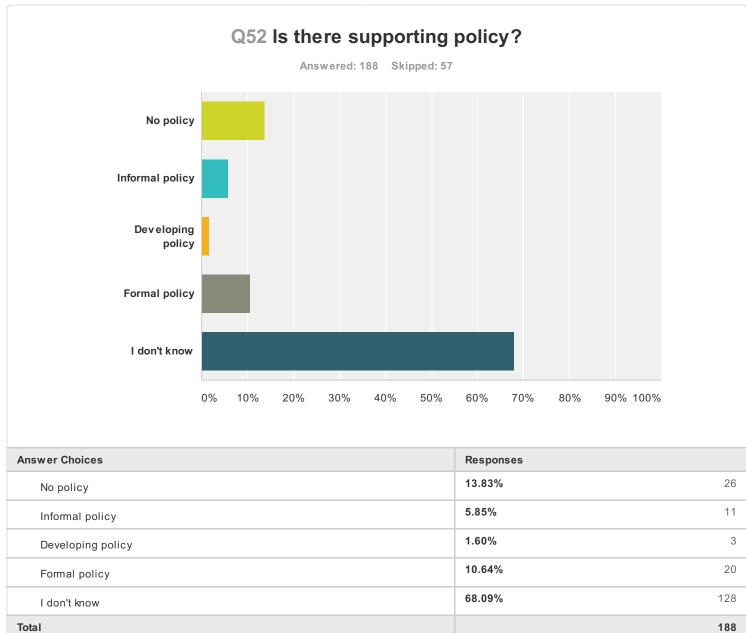


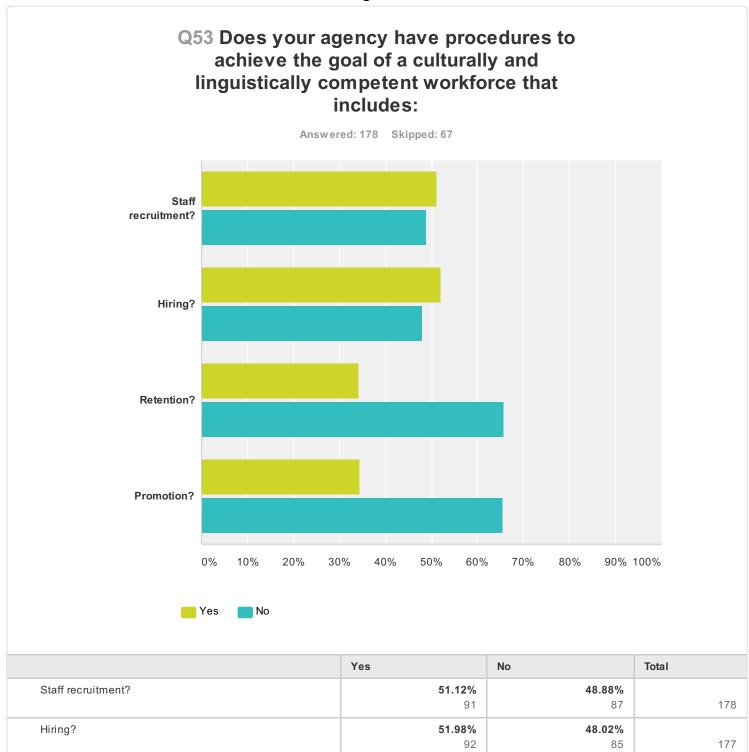
	None	Some	Quite a Few	Many	Total
Board members?	26.88%	40.63%	18.13%	14.37%	
	43	65	29	23	16
Center directors?	21.47%	44.17%	19.02%	15.34%	
	35	72	31	25	16
Senior management?	13.37%	45.93%	25.00%	15.70%	
	23	79	43	27	1
Physicians?	15.98%	50.89%	18.93%	14.20%	
	27	86	32	24	1
Clinical staff?	8.57%	37.71%	34.86%	18.86%	
	15	66	61	33	1
Administrative staff?	6.74%	31.46%	40.45%	21.35%	
	12	56	72	38	1
Clerical staff?	2.23%	31.28%	35.20%	31.28%	
	4	56	63	56	1
Support staff?	3.89%	33.89%	36.67%	25.56%	
	7	61	66	46	1
Consultants?	16.87%	43.98%	21.08%	18.07%	
	28	73	35	30	1
Volunteers?	26.25%	38.75%	20.00%	15.00%	
	42	62	32	24	1



Total







34.29%

34.48%

60

60

65.71%

65.52%

115

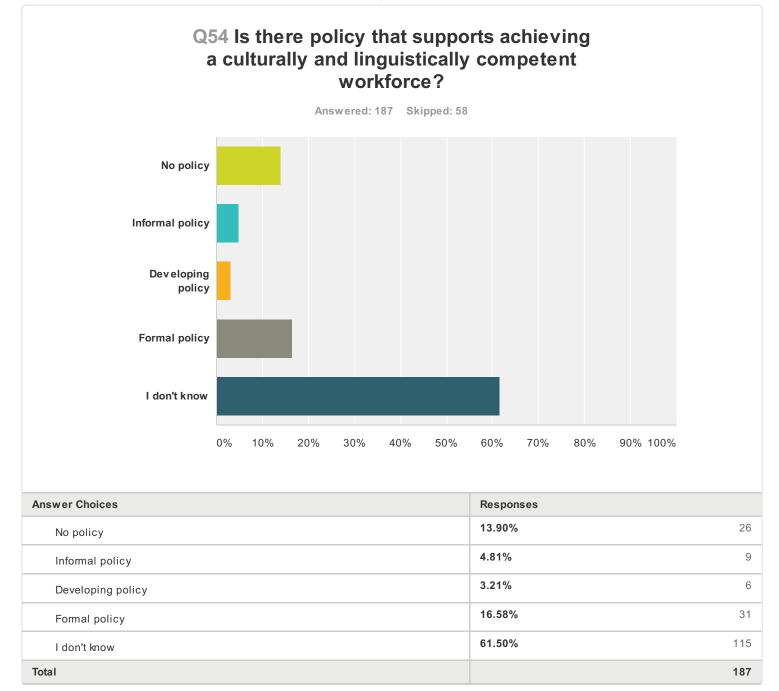
114

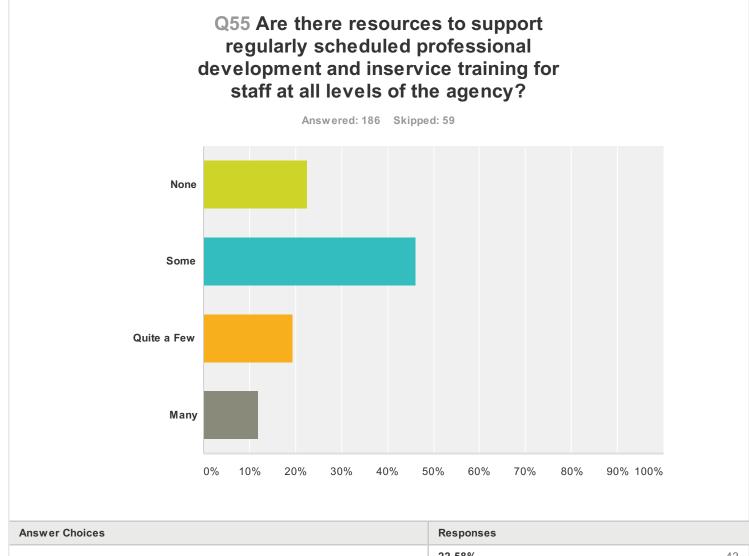
175

174

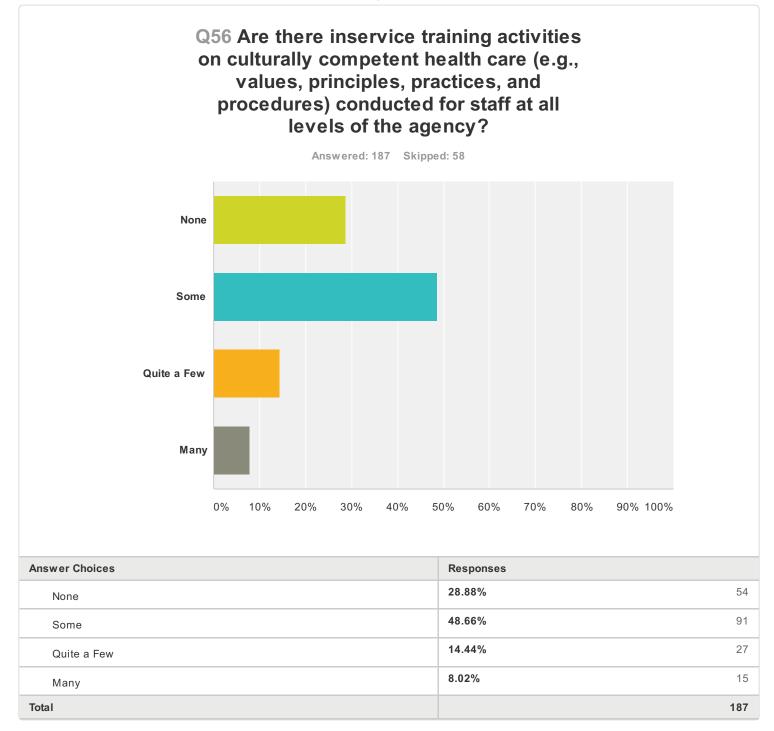
Retention?

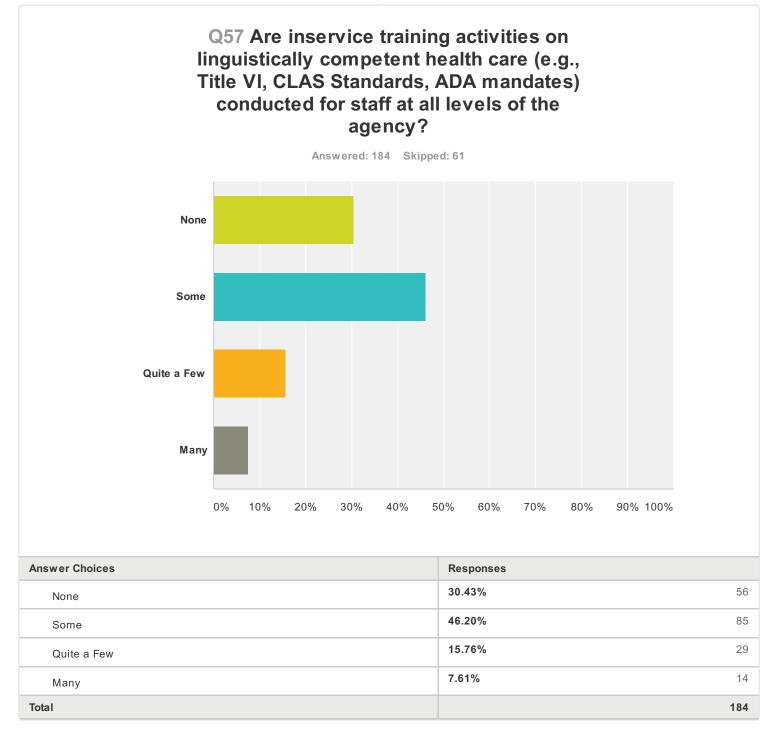
Promotion?

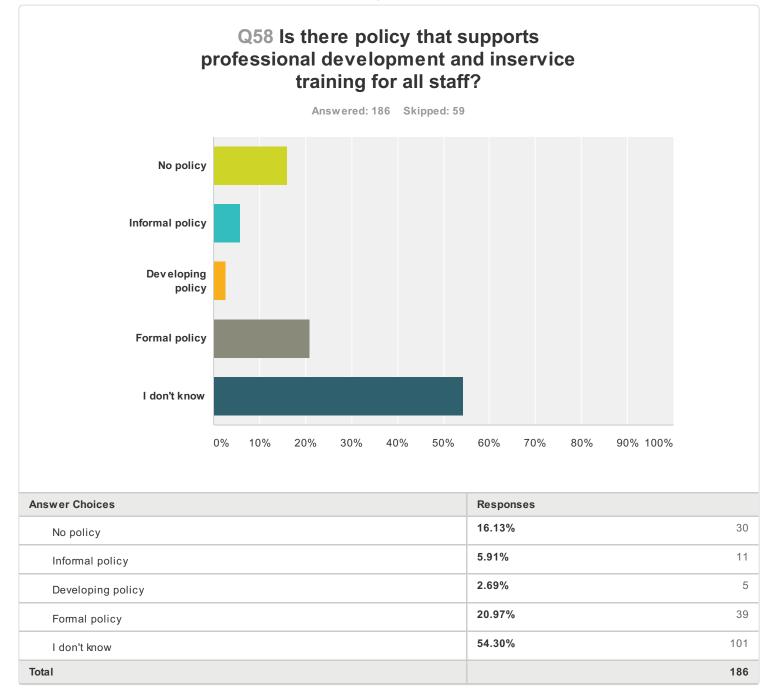


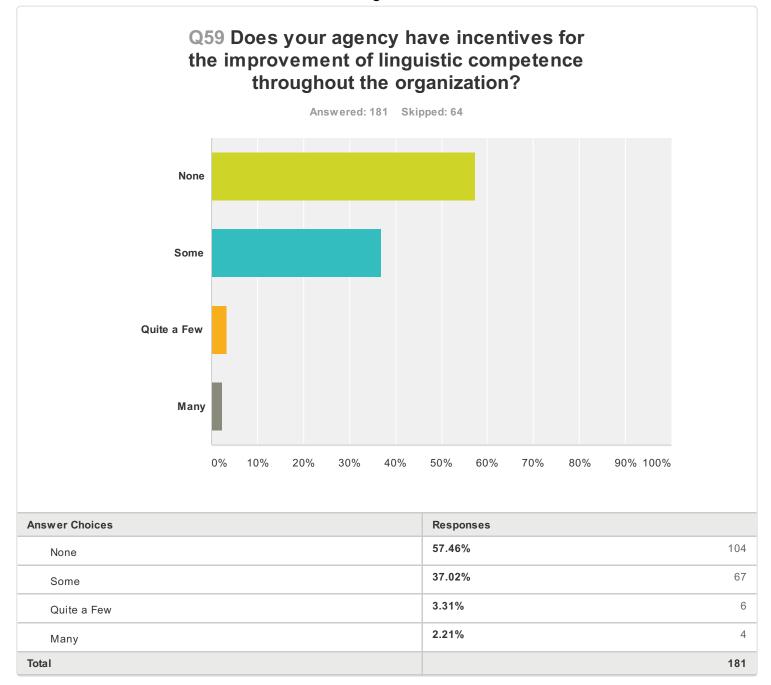


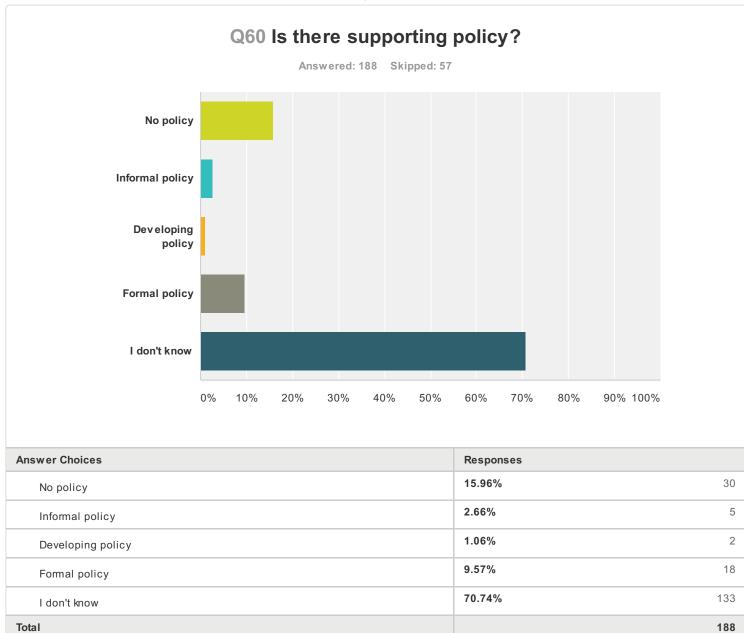
Answer onoices	Responses	
None	22.58%	42
Some	46.24%	86
Quite a Few	19.35%	36
Many	11.83%	22
Total		186

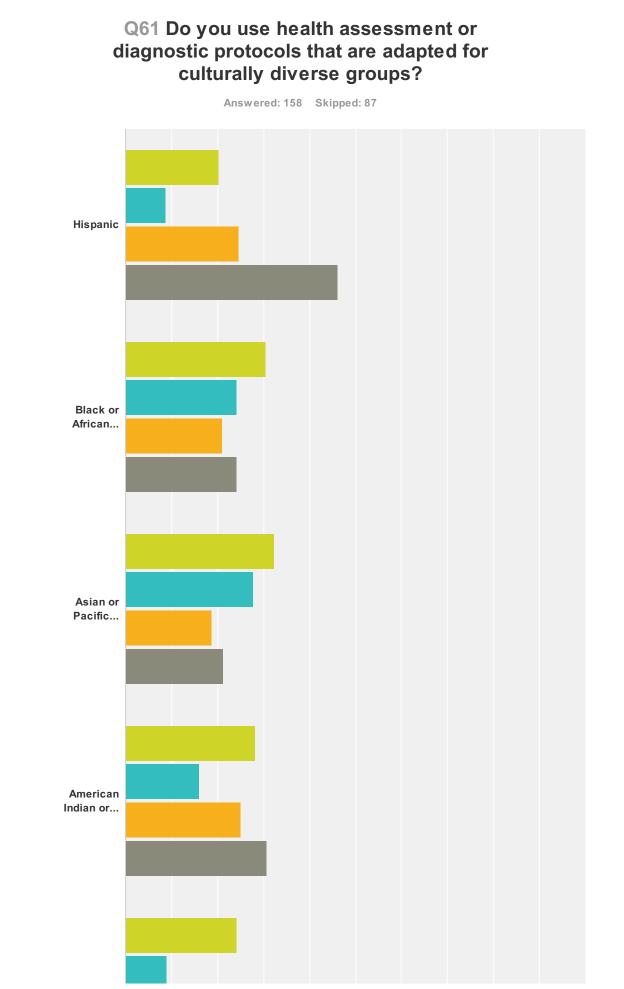


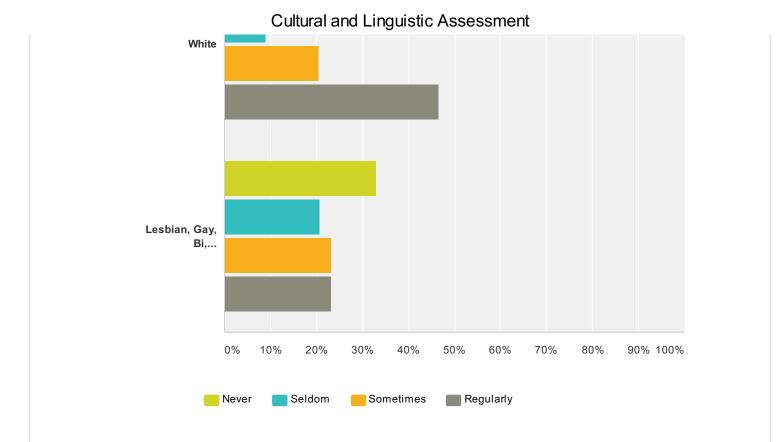




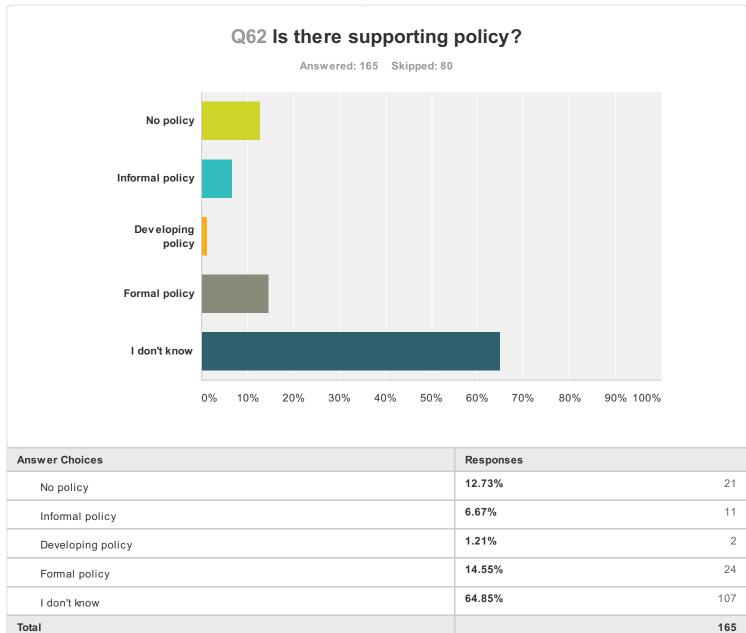


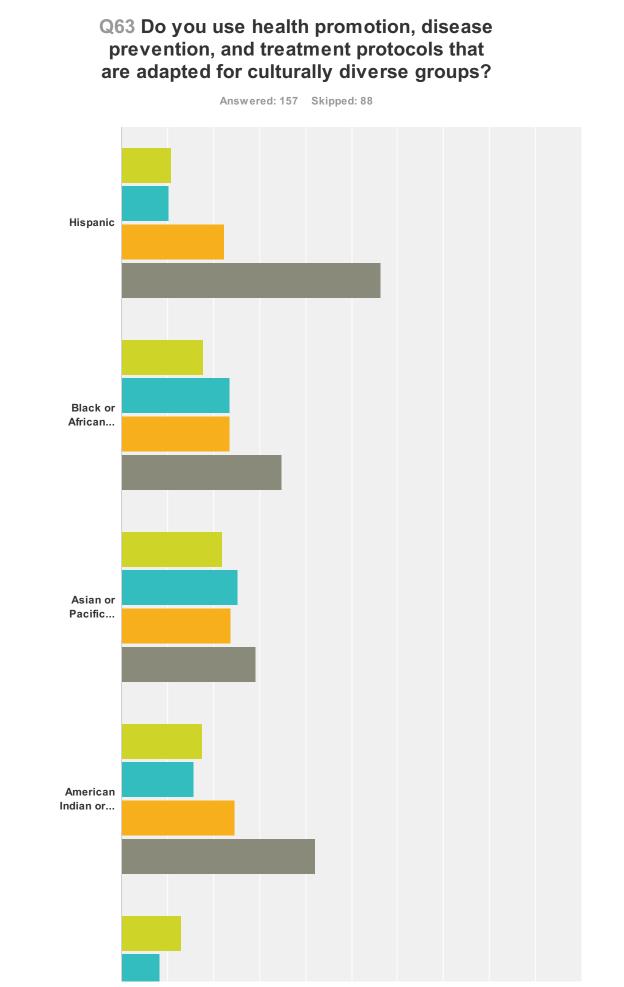


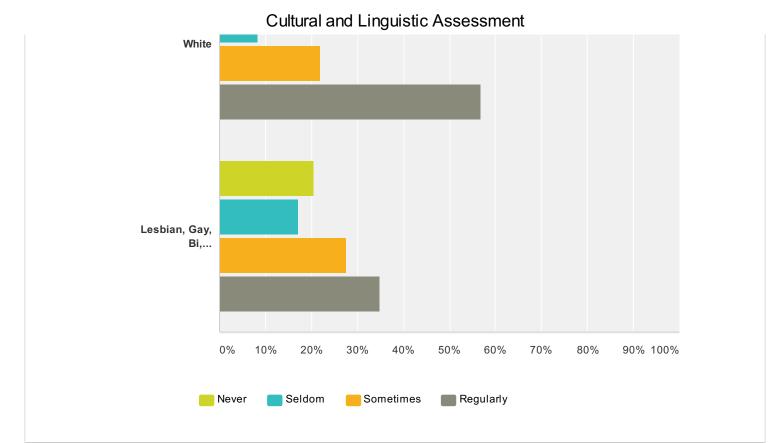




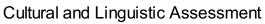
	Never	Seldom	Sometimes	Regularly	Total
Hispanic	20.25%	8.86%	24.68%	46.20%	
	32	14	39	73	15
Black or African American	30.57%	24.20%	21.02%	24.20%	
	48	38	33	38	15
Asian or Pacific Islander	32.26%	27.74%	18.71%	21.29%	
	50	43	29	33	15
American Indian or Alaska Native	28.21%	16.03%	25.00%	30.77%	
	44	25	39	48	15
Nhite	24.20%	8.92%	20.38%	46.50%	
	38	14	32	73	15
_esbian, Gay, Bi, Transgender, and Questioning (LGBTQ)	32.90%	20.65%	23.23%	23.23%	
	51	32	36	36	15

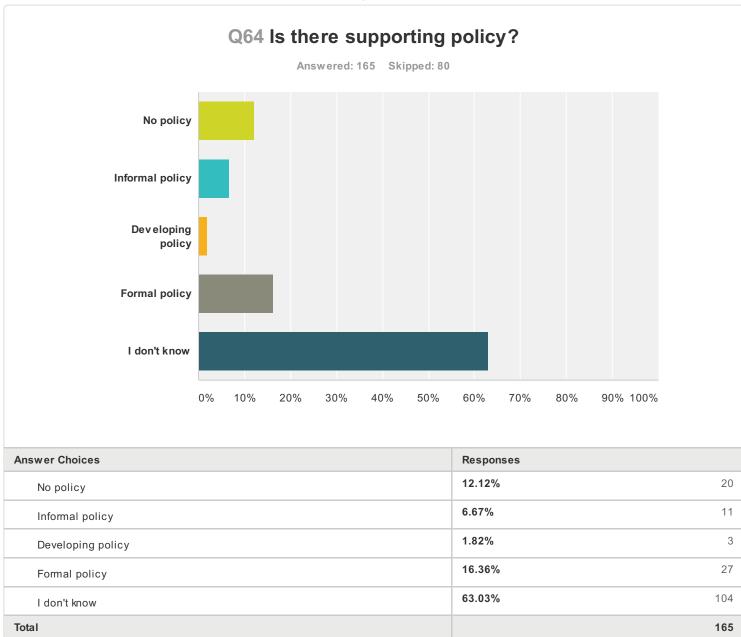


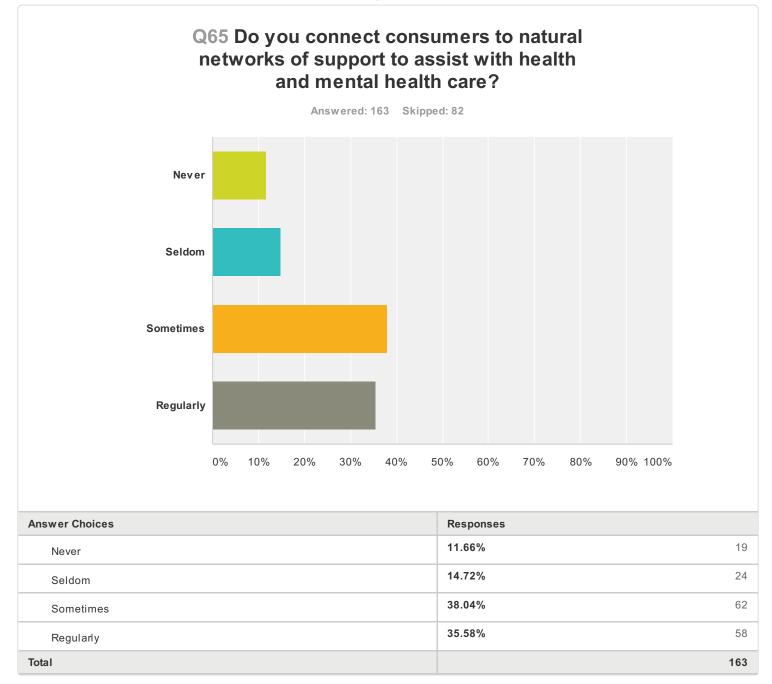


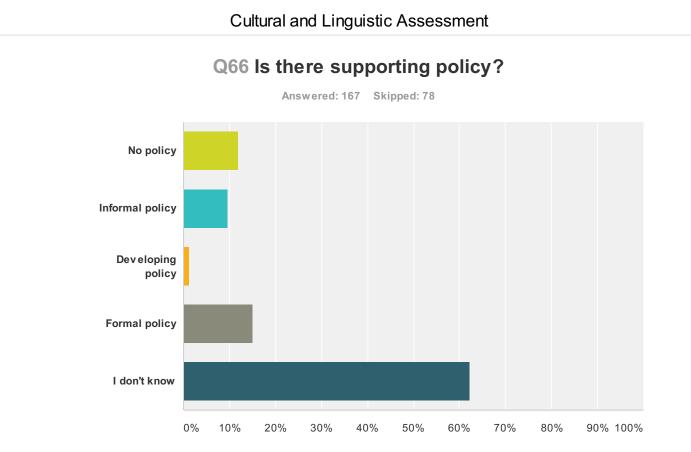


	Never	Seldom	Sometimes	Regularly	Total
Hispanic	10.90%	10.26%	22.44%	56.41%	
	17	16	35	88	156
Black or African American	17.76%	23.68%	23.68%	34.87%	
	27	36	36	53	152
Asian or Pacific Islander	21.85%	25.17%	23.84%	29.14%	
	33	38	36	44	151
American Indian or Alaska Native	17.53%	15.58%	24.68%	42.21%	
	27	24	38	65	154
White	12.90%	8.39%	21.94%	56.77%	
	20	13	34	88	155
Lesbian, Gay, Bi, Transgender, and Questioning (LGBTQ)	20.39%	17.11%	27.63%	34.87%	
	31	26	42	53	152

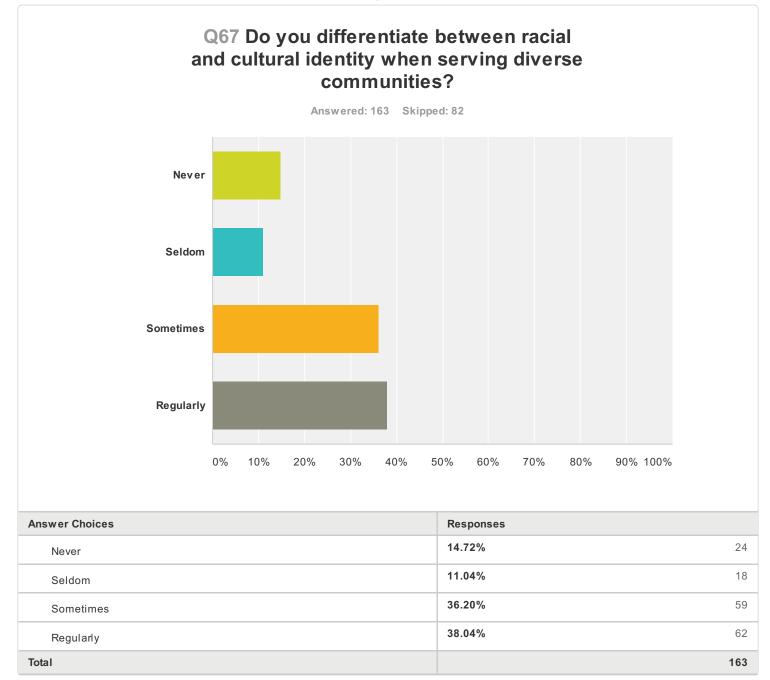


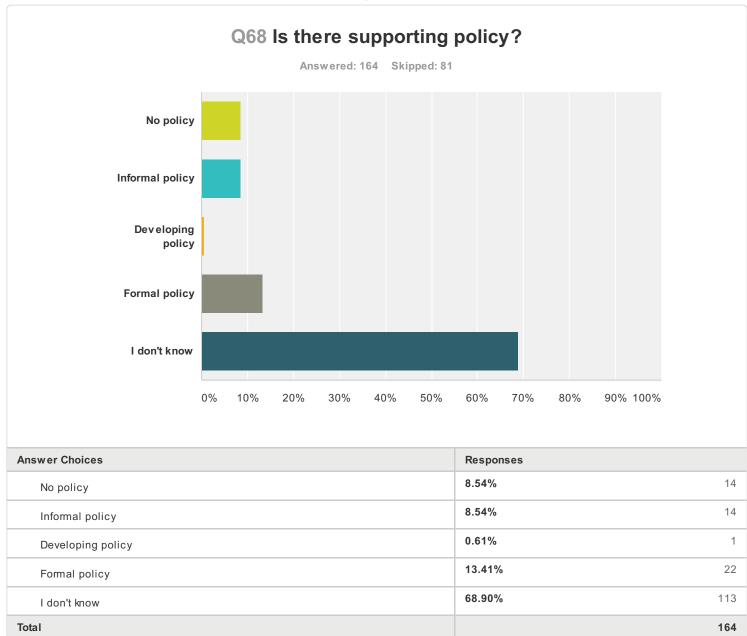






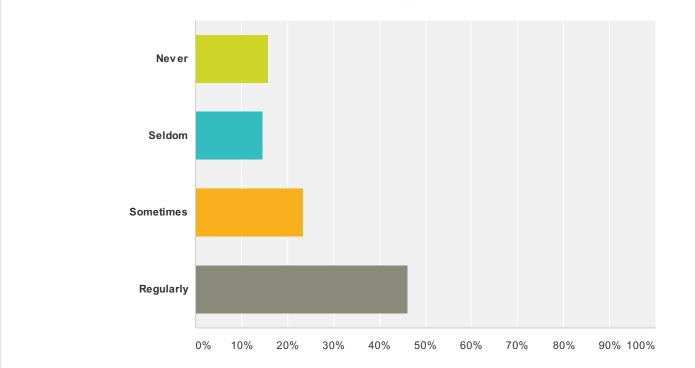
Answer Choices	Responses	
No policy	11.98%	20
Informal policy	9.58%	16
Developing policy	1.20%	2
Formal policy	14.97%	25
l don't know	62.28%	104
Total		167



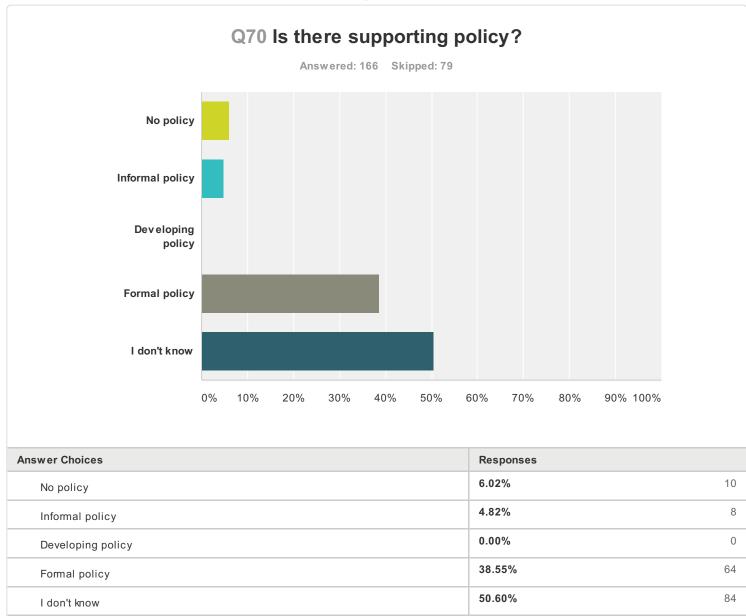


#### Q69 Does your agency inform consumers of their rights to language access services under Title VI of the Civil Rlghts Act of 1964-Prohibition Against National Origin Discrimination and as required by the CLAS Standards 4-7 Federal mandates for language access?

Answered: 158 Skipped: 87

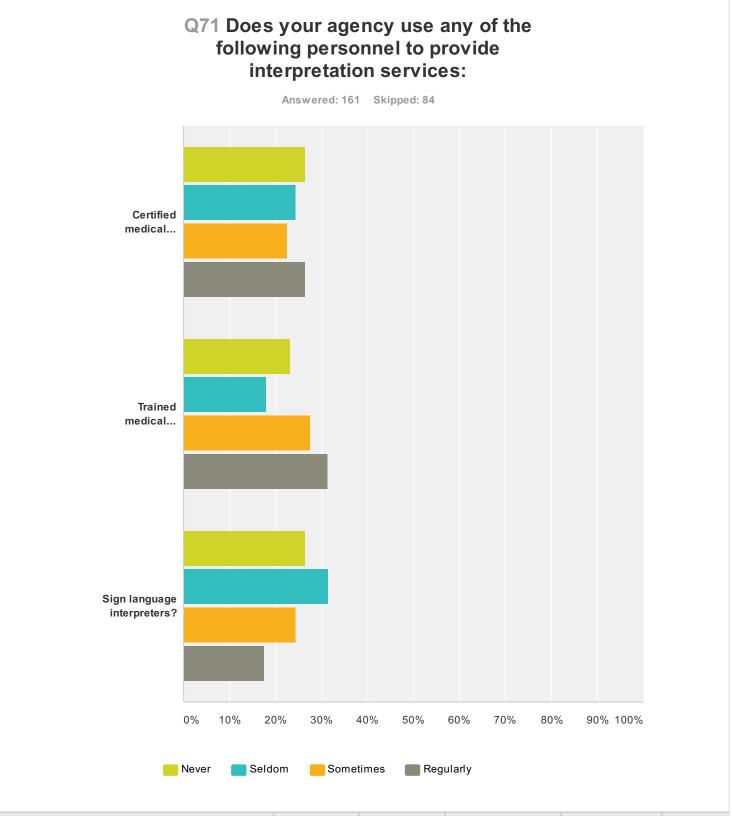


Answer Choices	Responses	
Never	15.82%	25
Seldom	14.56%	23
Sometimes	23.42%	37
Regularly	46.20%	73
Total		158

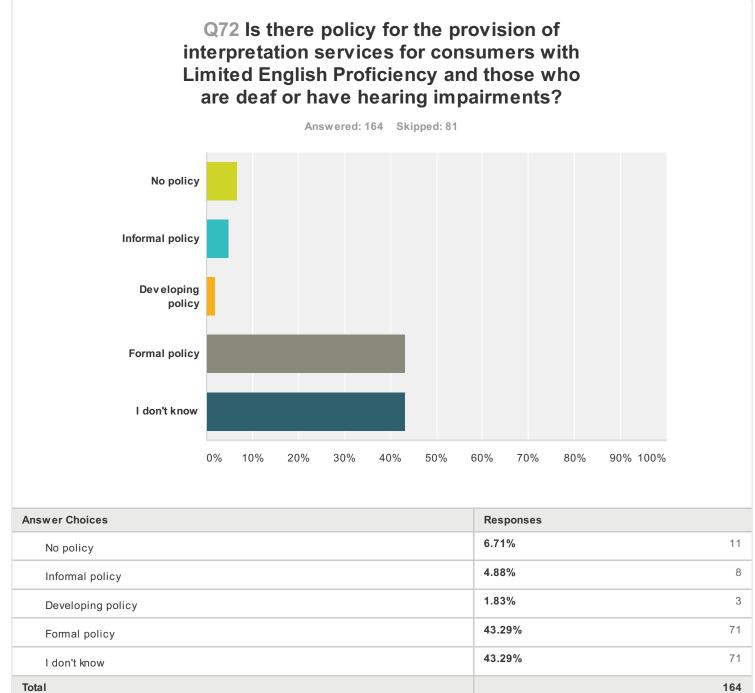


166

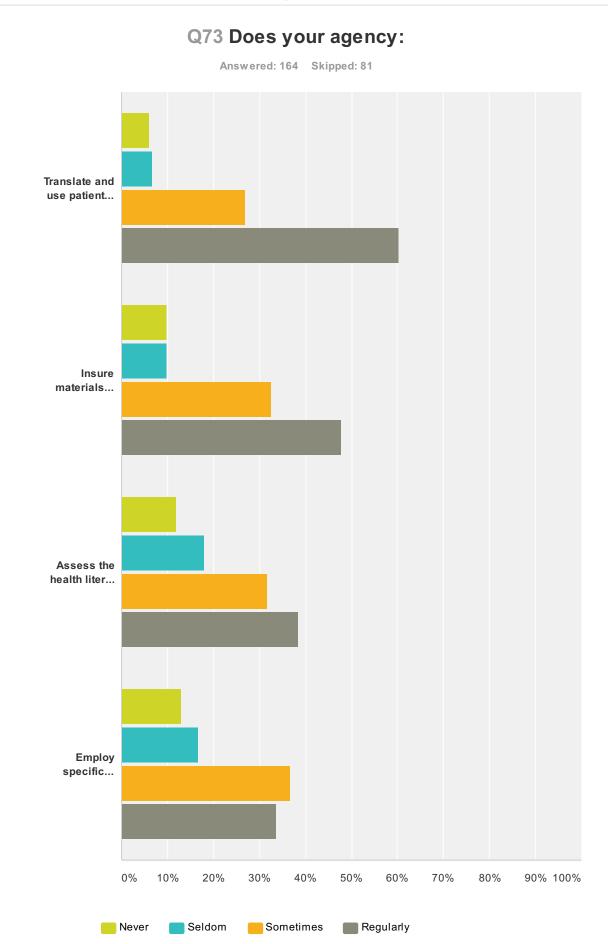
Total



	Never	Seldom	Sometimes	Regularly	Total
Certified medical interpreters?	<b>26.45%</b> 41	<b>24.52%</b> 38	<b>22.58%</b> 35	<b>26.45%</b> 41	155
Trained medical interpreters?	<b>23.08%</b> 36	<b>17.95%</b> 28	<b>27.56%</b> 43	<b>31.41%</b> 49	156
Sign language interpreters?	<b>26.42%</b> 42	<b>31.45%</b> 50	<b>24.53%</b> 39	<b>17.61%</b> 28	159

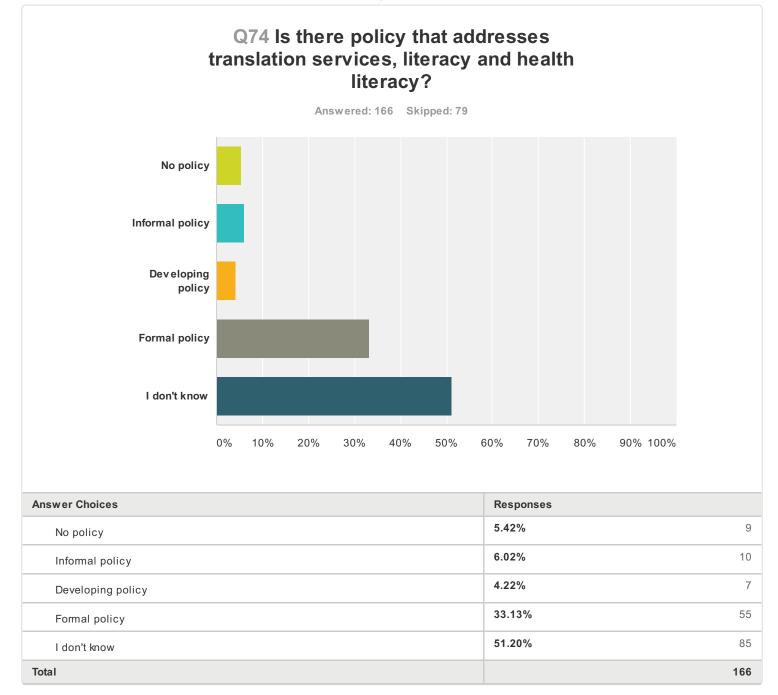


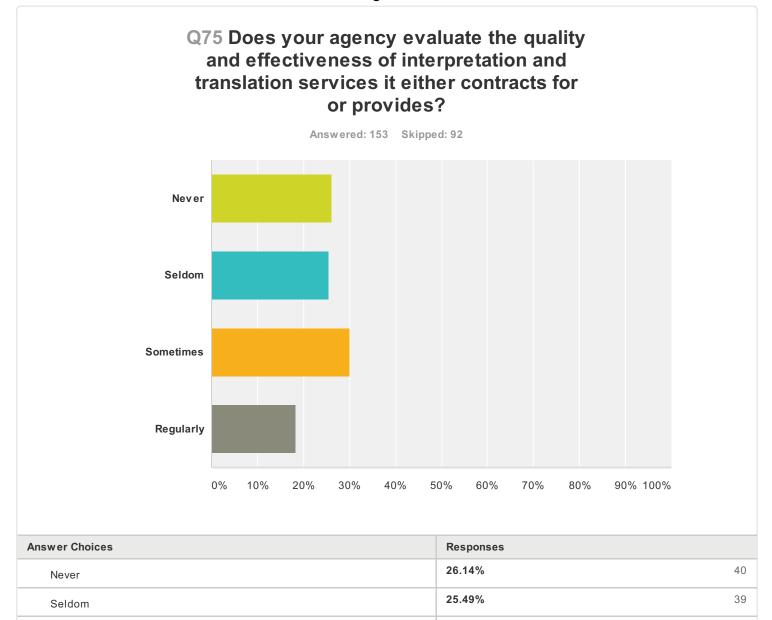
Total



# Cultural and Linguistic Assessment

	Never	Seldom	Sometimes	Regularly	Total
Translate and use patient consent forms, educational materials and other information in other languages?	<b>6.10%</b> 10	<b>6.71%</b> 11	<b>26.83%</b> 44	<b>60.37%</b> 99	164
Insure materials address the literacy needs of the consumer population?	<b>9.82%</b> 16	<b>9.82%</b> 16	<b>32.52%</b> 53	<b>47.85%</b> 78	163
Assess the health literacy of consumers?	<b>11.80%</b> 19	<b>18.01%</b> 29	<b>31.68%</b> 51	<b>38.51%</b> 62	161
Employ specific interventions based on the health literacy levels of consumers?	<b>13.04%</b> 21	<b>16.77%</b> 27	<b>36.65%</b> 59	<b>33.54%</b> 54	161





Sometimes

Regularly

Total

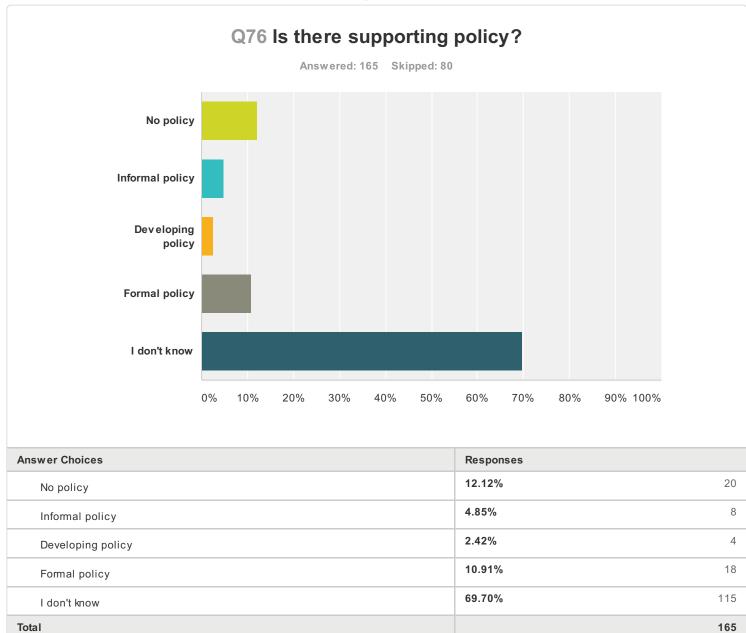
30.07%

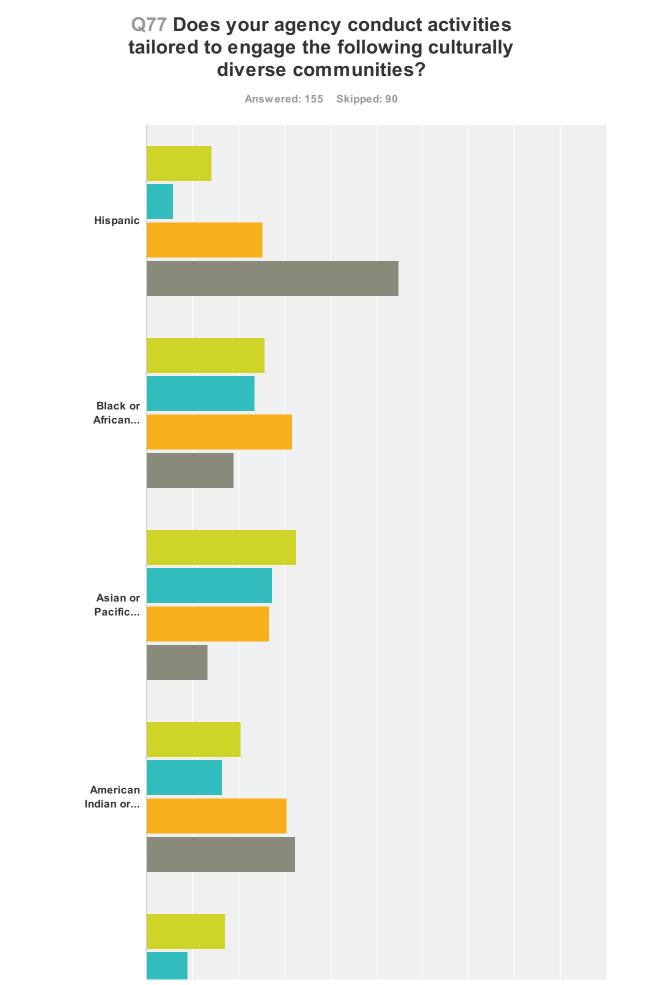
18.30%

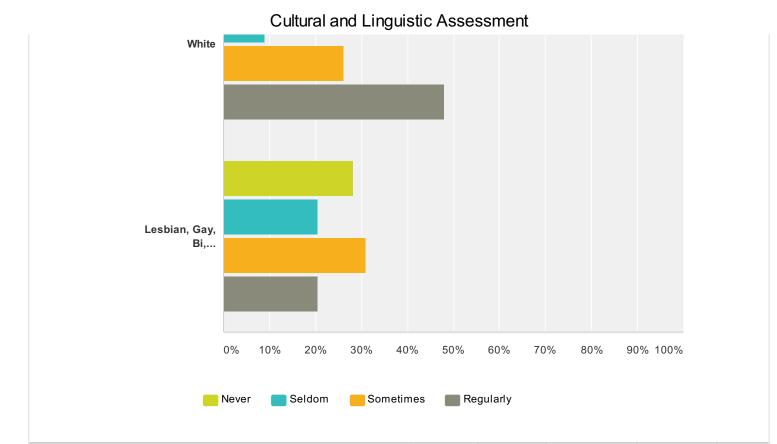
46

28

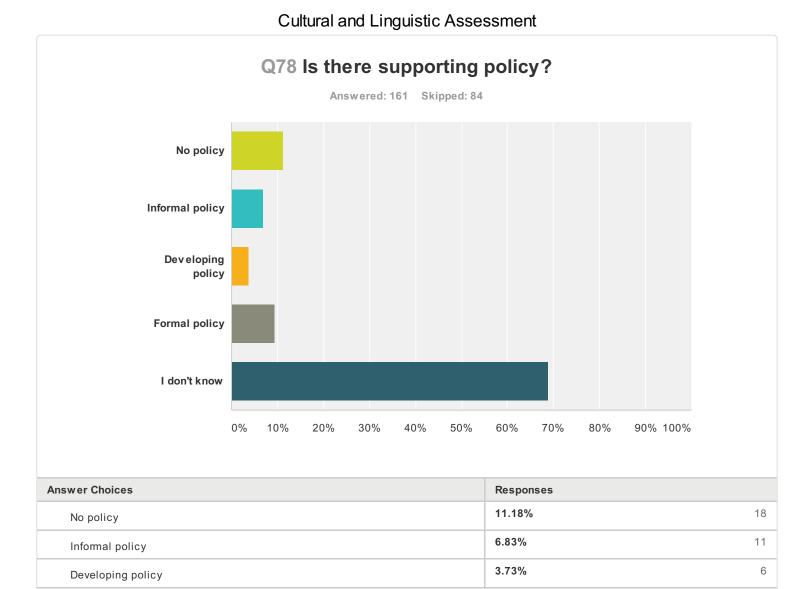
153







	Never	Seldom	Sometimes	Regularly	Total
Hispanic	14.19%	5.81%	25.16%	54.84%	
	22	9	39	85	155
Black or African American	25.68%	23.65%	31.76%	18.92%	
	38	35	47	28	148
Asian or Pacific Islander	32.67%	27.33%	26.67%	13.33%	
	49	41	40	20	150
American Indian or Alaska Native	20.53%	16.56%	30.46%	32.45%	
	31	25	46	49	151
White	17.12%	8.90%	26.03%	47.95%	
	25	13	38	70	146
Lesbian, Gay, Bi, Transgender, and Questioning (LGBTQ)	28.08%	20.55%	30.82%	20.55%	
	41	30	45	30	146



Formal policy

l don't know

Total

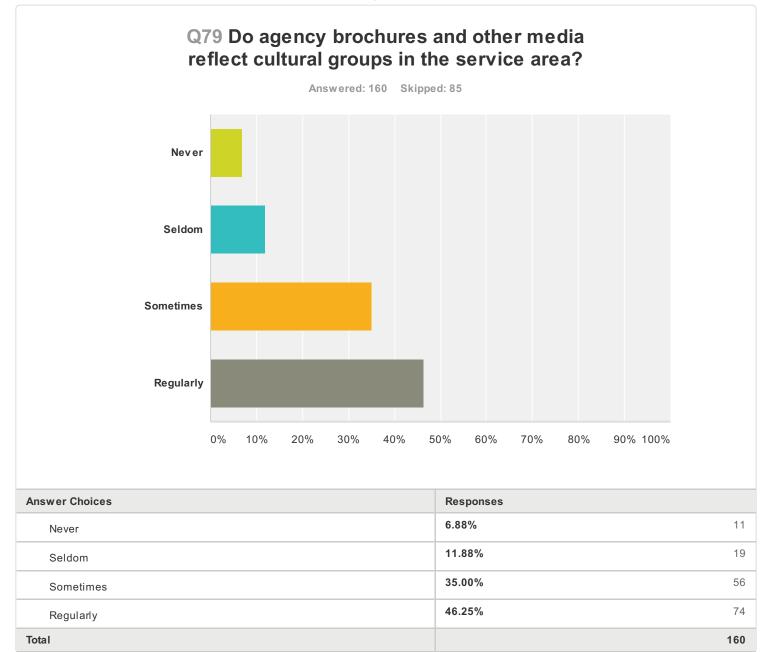
9.32%

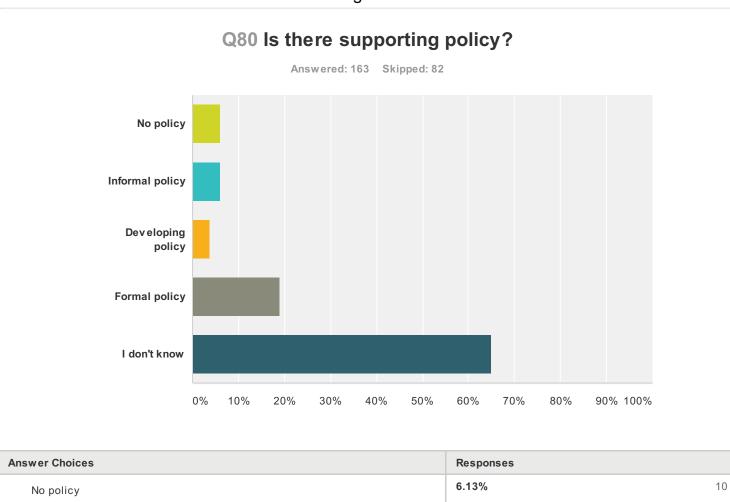
68.94%

15

111

161





Informal policy

Formal policy

l don't know

Total

Developing policy

6.13%

3.68%

19.02%

65.03%

10

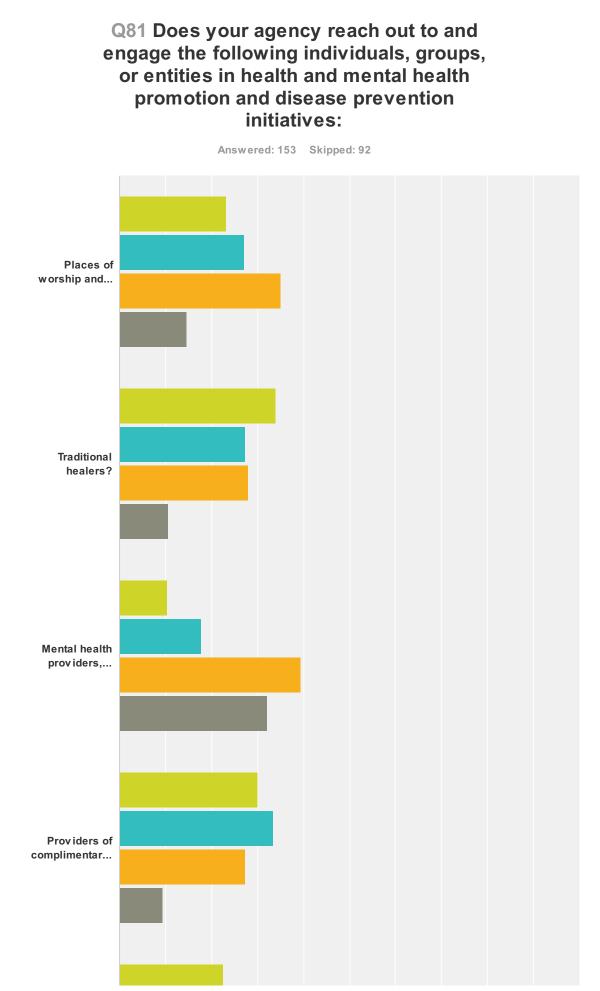
6

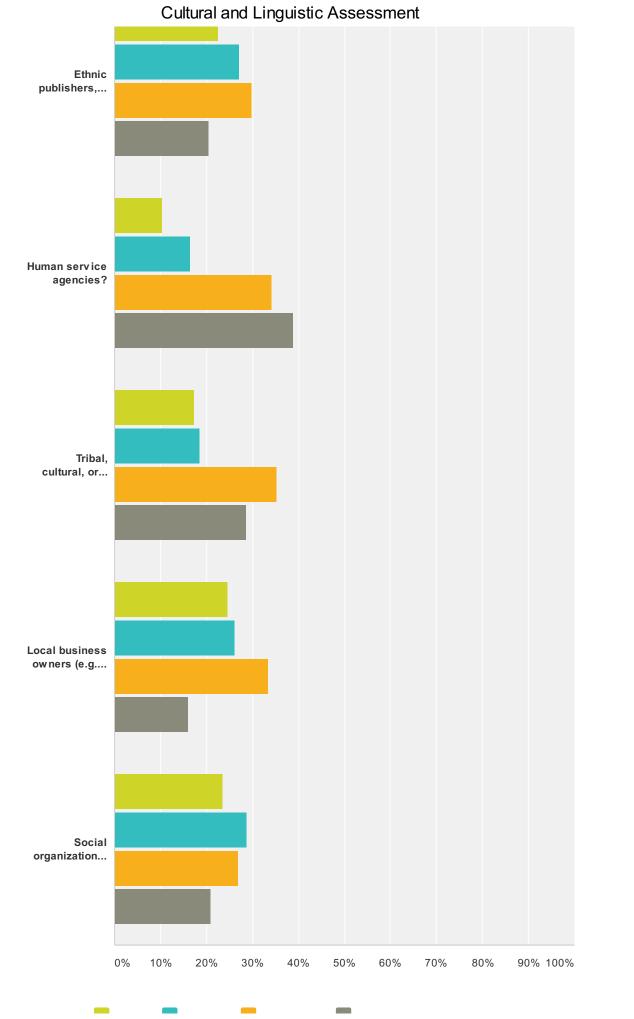
31

106

163

## Cultural and Linguistic Assessment



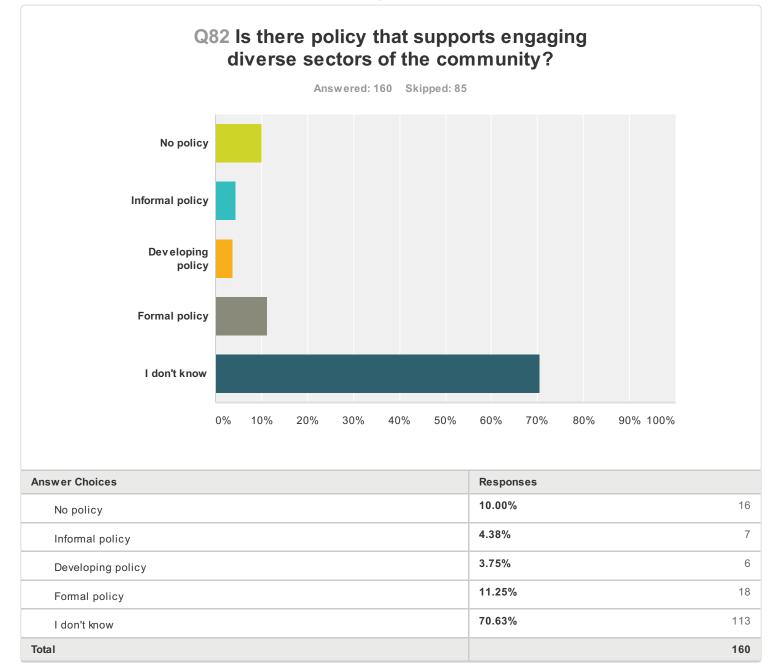


# Cultural and Linguistic Assessment

Never Se

Seldom Sometimes Regularly

	Never	Seldom	Sometimes	Regularly	Total
Places of worship and spiritual leaders?	23.18%	27.15%	35.10%	14.57%	
	35	41	53	22	151
Fraditional healers?	34.00%	27.33%	28.00%	10.67%	
	51	41	42	16	150
Vental health providers, dentists, chiropractors, or licensed midwives?	10.53%	17.76%	39.47%	32.24%	
	16	27	60	49	152
Providers of complimentary and alternative medicine?	30.00%	33.33%	27.33%	9.33%	
	45	50	41	14	150
Ethnic publishers, radio, cable or television stations or personalities, or other	22.52%	27.15%	29.80%	20.53%	
ethnic media sources?	34	41	45	31	151
Human service agencies?	10.53%	16.45%	34.21%	38.82%	
	16	25	52	59	152
Tribal, cultural, or advocacy organizations?	17.33%	18.67%	35.33%	28.67%	
	26	28	53	43	150
Local business owners (e.g., barbers, sports clubs, restaurateurs, casinos, and	24.67%	26.00%	33.33%	16.00%	
other ethnic businesses)?	37	39	50	24	150
Social organizations (e.g., civic/neighborhood associations, sororities,	23.49%	28.86%	26.85%	20.81%	
fratemities, ethnic associations)?	35	43	40	31	149



### Q83 Please list any additional policies supporting cultural and linguistic competence not identified by this instrument.

Answered: 17 Skipped: 228