

Cultural Competency Assessment Tool For Hospitals

Your hospital has been chosen to participate in this survey of cultural competency activities in hospitals. The Commonwealth Fund is sponsoring this study. Any information that identifies you or your hospital will be kept confidential and used only for the purposes of this study. Only study staff and researchers will have access to survey data.

You may notice a questionnaire number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call

SURVEY INSTRUCTIONS

- ▶ Please answer the questions in this survey booklet about the hospital where you received this questionnaire. The time frame to keep in mind is the last 12 months.
- ▶ The questionnaire covers several topics related to your hospital. Some sections may require help from other departments. Individuals who might be good respondents are identified in each section.
- ▶ Please answer each question, unless you are instructed to skip to a specific question. When this happens, you will see an arrow pointing to the next question you should answer, like this:

- No
- Yes ⇒ *Go to Question 2*

- ▶ Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct
Mark 

Incorrect
Marks 

- ▶ When you have completed this survey booklet, please use the postage-paid envelope to mail all sections to

SURVEY SECTIONS

- ▶ Section A: Culturally Competent Care Page 2
- ▶ Section B: Human Resource Management Page 3
- ▶ Section C: Interpreters and Translators Page 5
- ▶ Section D: Leadership, Strategy & Climate Page 7
- ▶ Section E: Workforce Racial/Ethnic Composition Page 10

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SECTION A: CULTURALLY COMPETENT CARE

The first section consists of questions about language and cultural needs of the in-patient populations receiving care at your hospital. Potential respondents for this section consist of Directors of Patient Relations and Vice-Presidents of Nursing.

1. Does this hospital... *(Check one box in each row)*

	No	Yes, less than half of the departments	Yes, half or more of the departments
a. Identify cultural and language needs of in-patients in the admission screening?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Consider cultural and language needs during the discharge planning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Accommodate the ethnic/cultural dietary preferences of in-patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tailor patient education materials for different cultural and language groups?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Tailor patient clinical assessments for different cultural and language groups?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Does this hospital collect any ethnicity or racial data on individuals receiving in-patient services?

- No
 Yes

3. Does this hospital collect data on the preferred language for individuals receiving in-patient services?

- No
 Yes

4. What percentage of this hospital's in-patient populations is in the following language categories? *(Check one box in each row)*

	NONE	1% - 5%	6% - 15%	16% - 25%	26% - 50%	More than 50%
a. English	<input type="radio"/>					
b. Spanish	<input type="radio"/>					
c. Chinese	<input type="radio"/>					
d. Vietnamese	<input type="radio"/>					
e. Korean	<input type="radio"/>					
f. Tagalog	<input type="radio"/>					
g. Other (please specify) _____	<input type="radio"/>					
h. Other (please specify) _____	<input type="radio"/>					

SECTION B: HUMAN RESOURCES MANAGEMENT

This next section consists of questions about staff benefits, available training, and staff satisfaction. A human resources representative may be the best person to fill out this section.

5. Which of the following benefits are available to staff?

				IF YES: Which types of staff are eligible for these benefits? (Mark all that apply)		
	No	Yes	→	Top management	Department heads/ supervisors	Nursing, allied health or support staff
a. Formal mentoring program	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Management training	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Tuition assistance or tuition reimbursement for ongoing education	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Personal counseling or employee assistance programs	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Flexible benefits such as domestic partner benefits, family illness, death, and personal leave policies that accommodate alternative definitions of family	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Affinity (networking) groups for racial/ethnic minority staff	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Work/life balance programs such as flextime, job sharing or telecommuting, child or elder care	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Compensatory pay for bilingual staff	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Does this hospital track changes in the race or ethnicity of its work force?

- No
- Yes

7. Does this hospital conduct employee satisfaction surveys?

- No ⇨ *Go to Question 9*
- Yes ⇨ *Go to Question 8*

8. Does the employee satisfaction survey include measures of diversity climate?

- No
- Yes

9. Does this hospital have a formal and ongoing training program on cultural and language diversity?

Note: This may consist of either a stand-alone training program or several training components integrated into other types of training. A hospital may have a voluntary program, a mandatory program or both voluntary and mandatory programs.

- No ⇨ *Go to Question 12 (Interpreters and Translators Section)*
- Yes ⇨ *Go to Question 10*

10. Is it a stand-alone training program, or is it cultural and language diversity training integrated into other types of training?

- Stand-alone only
- Integrated with other training only
- Both stand-alone and integrated with other training

11a. Is there a voluntary training program on cultural and language diversity?

- No ⇨ *Go to Question 11b*
- Yes ⇨ *Go to Question 11a.1*

11a.1 Approximately what percentage of the following groups attend the voluntary training?

Note: ‘Staff Physicians’ refers to physicians employed solely by the hospital; ‘non-staff physicians’ are all other physicians.

Administration: %

Non-clinical staff: %

Clinical staff (excluding physicians): %

Staff physicians: %

Non-staff physicians: %

11b. Is there a mandatory training program on cultural and language diversity?

- No ⇨ *Go to Question 12*
- Yes ⇨ *Go to Question 11b.1*

11b.1 For which group(s) is the program mandatory? (Mark all that apply)

- Administration
- Non-clinical staff
- Clinical staff (excluding physicians)
- Staff physicians
- Non-staff physicians

SECTION C: INTERPRETERS AND TRANSLATORS

The following section pertains to interpreting and translating services. Examples of people who may have the necessary information to fill out this section are Coordinators of Interpreter Services, Directors of Patient Relations and Managers of Language Resources. Please note that an *interpreter* translates from one language to another orally. A *translator* translates written materials from the source language into another language.

12. Are interpreter services available for in-patients in the following languages?

				IF YES: Which services are available? (Mark all that apply)			
	No	Yes	→	Bilingual staff as interpreters	Face-to-face professional interpreters	Face-to-face volunteer interpreters	Telephone interpreter services
a. Spanish	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Chinese	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vietnamese	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Korean	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Tagalog	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Other: (please specify) _____	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other: (please specify) _____	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Does this hospital include information on the availability of interpreter services in marketing and community outreach initiatives such as television advertising, marketing brochures, and health fairs?

- No
- Yes

14. Does this hospital have a written policy and procedure about the use of...

	No	Yes
a. Bilingual staff as interpreters?	<input type="radio"/>	<input type="radio"/>
b. Face-to-face professional interpreters?	<input type="radio"/>	<input type="radio"/>
c. Face-to-face volunteer interpreters?	<input type="radio"/>	<input type="radio"/>
d. Telephone interpreter services?	<input type="radio"/>	<input type="radio"/>
e. Family or friends as interpreters?	<input type="radio"/>	<input type="radio"/>

15. Does the hospital require an assessment of...

			IF YES: Who conducts the interpreter assessment? (Mark all that apply)	
	No	Yes →	In-house staff	Vendor or contractor
a. Interpreter fluency in translating medical terms and procedures?	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>
b. Interpreter accuracy and completeness?	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>

16. Does this hospital provide translated written materials for in-patient populations in languages other than English?

- No ⇒ Go to Question 19
- Yes ⇒ Go to Question 17

17. What types of written materials does this hospital routinely provide to in-patients in languages other than English?

			IF YES: In what languages are written materials translated? (Mark all that apply)						
	No	Yes →	Spanish	Chinese	Vietnamese	Korean	Tagalog	Other: (specify)	Other: (specify)
a. Informed consent statements	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Medication instructions	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Discharge planning instructions	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Patient advance directives	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Health education material	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How is the translation done? (Mark all that apply)

- In-house staff
- Vendor or contract
- Software
- Software checked by in-house staff, vendor, or contract

19. Does this hospital post signs providing directions in languages other than English?

- No
- Yes

SECTION D: LEADERSHIP, STRATEGY, & CLIMATE

The following section is about this hospital's strategic goals, and the language and cultural needs of the service area. Potential respondents for this section include the Vice-President for Planning/Business Development and the Chief Operating Officer.

20. Does this hospital's statement of strategic goals include...

	No	Yes
a. Specific language about <u>recruitment</u> of a culturally diverse work force?	<input type="radio"/>	<input type="radio"/>
b. Specific language about <u>retention</u> of a culturally diverse work force?	<input type="radio"/>	<input type="radio"/>
c. Specific language about the provision of culturally appropriate patient services?	<input type="radio"/>	<input type="radio"/>

21. During the strategic planning process, does this hospital routinely assess achievement of its cultural diversity goals?

- No
- Yes

22a. Is there a person, office or committee who has dedicated responsibility for promoting this hospital's cultural diversity goals?

- No ⇒ *Go to Question 23*
- Yes ⇒ *Go to Question 22b*

22b. Which of the following are in place? (Mark all that apply)

- Dedicated diversity department
- Diversity action or advisory committee or council
- Full-time dedicated diversity administrator

22c. If there is a full-time dedicated diversity administrator, to whom does the administrator report?

- Do not have a full-time dedicated diversity administrator
- CEO
- Direct report to CEO
- Head of human resources
- Head of nursing services
- Other: Please specify

23. Are the following assessments conducted at least once a year?

				IF YES: Are results used in quality improvement?	
	No	Yes	→	No	Yes
a. Accessibility of interpreter services	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>
b. Racial/ethnic differences in in-patient service use	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>
c. Racial/ethnic differences in in-patient assessments of care (satisfaction)	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>

24. Does this hospital collect or receive any of the following data on the population residing in the service area?

				IF YES: Are results used in program and service planning?	
	No	Yes	→	No	Yes
a. Race/ethnicity	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>
b. Languages spoken	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>
c. Income levels	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>
d. Education levels	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>
e. Health risk profiles (for diseases or conditions that disproportionately affect a particular racial/ethnic/gender group such as African American men, Latino women, or individuals of Jewish ethnicity)	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>
f. Utilization of health screening services (mammograms, prostate screening exams, PAP smears)	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>

25. Are community representatives routinely involved in the...

				IF YES: How is their input obtained? (Mark all that apply)				
	No	Yes	→	Focus groups	Community meetings	Written surveys	Telephone surveys	Personal interviews
a. Planning and design of in-patient services for culturally diverse populations?	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Evaluation of existing services for culturally diverse populations?	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Do the staff involved in the formal complaint and grievance process...

	No	Yes →	IF YES: How often does training occur?		
			Less than once per year	Once per year	More than once per year
a. Receive formal training in conflict resolution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Receive formal training about cultural or language differences?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Does this hospital report information to the community at least once per year about its performance in meeting the cultural and language needs of the service area?

Note: This does not include EEO reporting to government agencies on workforce demographics.

- No
- Yes

SECTION E: WORKFORCE RACIAL/ETHNIC COMPOSITION

The following section asks for information about the diversity of your hospital's workforce. This form is similar to the Equal Employment Opportunity Report (EEO-1) filled out by the human resources department of your hospital. If you have a copy of your most recent EEO-1 report, feel free to send it instead of filling out the form. If you would like assistance with the categories as they pertain to hospital employees, please see the Equal Employment Opportunities Commission web site <http://www.eeoc.gov/eo1survey/>

28. How many of this hospital's work force are in the following racial or ethnic categories? Please include all permanent full-time and part-time employees, apprentices, and on-the-job trainees. Enter the appropriate figures on all lines in all columns.

JOB CATEGORIES	NUMBER OF EMPLOYEES										
	Overall Totals	MALE					FEMALE				
		White (non-Hispanic)	Black (non-Hispanic)	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	White (non-Hispanic)	Black (non-Hispanic)	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native
a. Officials & Managers											
b. Professionals											
c. Technicians											
d. Sales Workers											
e. Office & Clerical											
f. Craft Workers (Skilled)											
g. Operatives (Semi-Skilled)											
h. Laborers (Unskilled)											
i. Service Workers											
j. TOTAL											

29. Date of EEO-1 report used:

<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>
Month,	Year

30. Would you like to receive a brief summary of the results of this study?

- No
- Yes

31. About how much time was required to complete this survey?

Minutes

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

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