An Assessment of Cultural Competency Perceptions and Training Needs at West CAP

by

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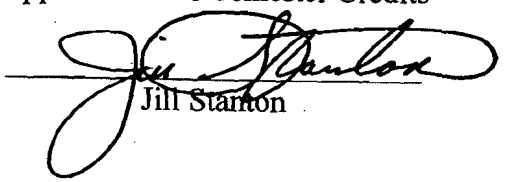

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ABSTRACT

This study first examined the resources available to assess cultural competency in organizations that provide non-medical social services. Next, an Organizational Self-Assessment instrument was developed to measure employee perceptions regarding the organization's cultural competency at West CAP. West CAP is one of 16 Community Action Agencies in Wisconsin, serving the needs of low-income persons within their service area of Barron, Chippewa, Dunn, Pierce, Polk, Pepin, St. Croix counties. Originally the service area reflected little diversity when West CAP was established in 1965. However, in the past several decades the population has grown to include other cultures and ethnic groups, including those whose primary language is other than English.

The rural areas of Wisconsin, such as those covered by West CAP and other rural community action agencies, need to adapt to the needs of these multicultural groups. To fully serve the needs of its clients, West CAP wanted to identify the current perceptions regarding the organization's ability to support its staff and serve the needs of diverse

clients, including those with Limited English Proficiency (LEP). This study assisted West CAP in identifying and prioritizing cultural competency practices and policies to ensure it continues to meet its mission for all its clients. Research was conducted, a self-assessment survey tool was developed, administered, and the results were analyzed.

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In memory of my mother, Dolores Merchant Hanson

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Background to the Problem

Predictions are that by mid-century, people who are now considered minorities will number about half of the U.S. population (Irvin, 2004; Lau Chin, 2004; Taylor, 1999). This change in demographics—both current and predicted—is reflected throughout the country, with increases not only in ethnic populations, but also in those whose primary language is other than English.

These changes, as Taylor noted, "reflect differences in basic values, beliefs, and behaviors" (1998, p. 30). Previously, "typical North Americans shared the same broad cultural values. Some experts identified them as 'Anglo' or 'mainstream' values. These values largely represented white, male, Northern European views" (Guffey, 2004, p. 12).

Guffey noted that increased diversity is "an enormous challenge for most organizations and individuals. Harmony and acceptance do not happen automatically when people who are dissimilar work together" (2004, p. 16). It is not just in co-worker situations that cultural differences can be a challenge. Research supports the necessity for professionals, whether teachers, doctors, social workers, or businesspersons, to be culturally competent regarding the communities with which they interact (Alexander & Wilson, 1997; Office of Multicultural Affairs, 2000; Fenton, 1999; IQ Solutions, Inc., 2001; Park, 2005).

For many areas of the nation, multiculturalism has been widely established throughout the 20th century, while in other parts of the U.S. like Wisconsin, diversity did not begin to grow

until the last few decades (Nelson, 2004; Orndoff, 2003). For example, in 2000, census figures for Barron, Wisconsin, showed that 96.9% of the 3,248 residents of the town listed their race as white (U.S. Census, n.d.). Since 2000, there has been a significant change in the demographics of the town. According to Kim Frandsen, who developed and teaches the Somali curriculum for adults at Barron High School in Barron County, nearly one third of Barron's residents are now native-born Somalis (personal conversation, March 9, 2006).

West CAP, one of Wisconsin's 16 community action agencies, is a nonprofit organization located in Glenwood City, with a service territory that covers Barron county, as well as Chippewa, Dunn, Pepin, Pierce, Polk, and St. Croix counties. Founded in 1965, West CAP's mission is "to work toward the elimination of poverty in west central Wisconsin by all appropriate means and to significantly relieve the hardships of poverty where they still exist in our homes and communities" (West CAP, 2002, p. 4).

With the influx of people from diverse cultures into the region, West CAP's client base is changing from its beginnings in 1965, when its clients were primarily of Northern European heritage. Its client base now contains Hispanic, Hmong, and Somali communities, which include persons with Limited English Proficiency (LEP). This diversity requires cultural competency skills on the part of West CAP and its staff. As a community action agency, West CAP staff work with low-income adults and families in a variety of settings to help with a variety of need. There are no studies or resources specific to community action agencies. This study focuses on cultural competency assessment and training for professionals working in the public sector health care and social service fields because those fields most closely resemble the work of community action agencies. This study is designed to assist West CAP in identifying and prioritizing cultural competency practices and policies to ensure it continues to meet its mission for all its clients.

Providing services in a culturally competent and appropriate way is identified by the National Center for Cultural Competence (NCCC) and other experts as one of the main challenges for professionals seeking to support the needs of diverse families (Bronheim, Goode & Jones, 2006; DiversityRx, 2003; NCCC, n.d.). The Wisconsin Area Health Education Center (AHEC) provides a number of resources and educational programs designed for all regions of Wisconsin. Recognizing that effective health care requires cultural competency and linguistic capabilities on the part of all health care workers, the Wisconsin AHEC offers cultural competency resources and community-based training, as well as a video library that is available to schools and community agencies (including community action agencies) and health care professionals. A number of states have implemented requirements, programs, training, and rules governing the cultural competency of professionals in health care (including mental health and substance abuse) and social services. For example, the State of Connecticut has established the Office of Multicultural Affairs (OMA), which supports mental health professionals in performing their jobs "in a way that acknowledges the impact of individual differences on client treatment, differences such as race, ethnic or cultural background, age, gender, sexual orientation, and physical or mental status" (State of Connecticut, n.d., ¶1). The Wisconsin Department of Health and Family Services (DHFS) suggested that Wisconsin law enforcement agencies include cultural competency issues not only in the academy's training program, but also through classes at the local level to ensure police officers can assist mental health professionals in situations involving diverse cultural backgrounds (2004, p. 2 -3).

Many state Medicaid contracts require the winning bidder to implement cultural competency plans that ensure workers are trained in cultural competency. The Texas Health and Human Services Commission (HHSC), like many government agencies, has contract language

specifying the cultural competency of the health care and social services staffs of its contracted Health Maintenance Organizations (HMOs):

> The HMO must have a comprehensive written Cultural Competency Plan describing how the HMO will ensure culturally competent services, and provide Linguistic Access and Disability-related Access. The Cultural Competency Plan must describe how the individuals and systems within the HMO will effectively provide services to people of all cultures, races, ethnic backgrounds, and religions as well as those with disabilities in a manner that recognizes, values, affirms, and respects the worth of the individuals and protects and preserves the dignity of each. (2006, p. 85)

Because culture influences "the development of relationships between professionals and those they serve, including family structure, age, length of time since immigration, and cultural expectations" (Bruns & Corso, 2001, p. 1), it became increasingly urgent that West CAP assess its cultural competency. Culture includes the language that is best for a person to communicate. "Communication—sending and receiving messages with accurate interpretations—is difficult at best, but when the sender and receiver are from different cultures, the difficulty mounts" (Taylor, 1998, p. 30). However, it is not just in regard to the language spoken that culture affects communication. Adler and Rodman noted that "qualities like being self-disclosing and speaking clearly that are valued in the United States are likely to be considered overly aggressive and insensitive in many Asian cultures, where subtlety and indirectness are considered important" (2006, p. 19).

Despite the importance of cultural competency, experts recognize it is a difficult skill to measure. An extensive study headed by the U.S. Department of Health and Human Services (DHHS) identified national standards for cultural competency in health care, but did not produce

a standard assessment tool (DHHS, 2000, December). IQ Solutions, Inc., in its summary of the DHHS study, noted that:

> There currently is no agreement across health professional specialties on what specifically constitutes individual cultural competence or how it is best measured. Existing guides and assessment tools, although not scientifically validated, collectively provide a body of knowledge on cultural competency and its assessment in individuals. A synthesis of this knowledge and subsequent consensus-building efforts to establish core cultural competencies could provide the foundation for the development of cultural competency training programs and assessment measures. Validated assessment measures, in turn, could help organizations link the demonstration of cultural competence skills and behaviors to performance evaluations and staff rewards for their improvements. (2001, p. 36)

West CAP's client base has been predominately white, English-speaking, and born in the United States. Now, its clients include Hispanic, Hmong, and Somali individuals and families whose cultural and linguistic needs are very different from those of West CAP's historical client base, and from those of its staff. Assessing the agency's cultural competency has become an issue. Previously, there were few instances where staff worked with communities of persons with LEP. Now, West CAP believes the need to assist clients with LEP is growing, which requires advanced cultural competency skills.

Statement of the Problem

Demographic changes resulting in increased clients with LEP are escalating in the West CAP service area. To best serve its changing client base, West CAP must ensure its corporate culture and its workers are culturally competent, especially when interacting with minority

individuals and families or those from other cultures with LEP, specifically Hispanic, Hmong, and Somali clients.

Purpose of the Study

This study is a needs assessment of the cultural competency of West CAP based on the perceptions of the management staff and staff providing direct client services employed March 26 to April 6, 2007. The study used existing documents as a base for developing and administering a customized employee survey. Since its beginning, West CAP has worked "to promote the self-sufficiency of low-income families in the rural communities of west central Wisconsin. West CAP continues to help families overcome poverty and achieve economic stability" (West CAP, n.d., ¶1). West CAP does not presently have the staff or programs to evaluate or train its workers in cultural competency when working with the Hispanic, Hmong, and Somali communities. Robyn Thibado, Social Assets Director, West CAP, noted that, "it is hard for our workers to serve these new clients. We don't fully understand their needs. We don't know how to give them the services that would be best for them" (personal conversation, June 12, 2006).

Research Objectives

This study addressed the following objectives:

1. Identify existing assessment tools for measuring cultural competency in persons working in public sector health and social service programs.
2. Identify existing assessment tools for measuring cultural competency for organizations in public sector health and social service in Wisconsin.
3. Assess the perceptions of management and staff regarding the cultural competency of West CAP as an organization.

4. Identify the training needs of West CAP client services staff.

5. Collect information to assist West CAP in prioritizing its cultural competency needs.

Importance of the Study

Because West CAP had not been assessed for cultural competency, West CAP management believed that an assessment of internal perceptions was necessary. This study is important because:

1. There appeared to be no standardized tools for assessing cultural competence in social service professionals. This study contributed to the current literature and assessment tools in non-profit organizations providing public sector services in rural areas (IQ Solutions, Inc., 2001, p. 36).

2. It provided the first formal assessment of the cultural competency perceptions of West CAP's management and staff providing client services. There are no studies of the cultural competency of non-profit, public sector workers or community action agencies in rural areas of Wisconsin. This study laid the groundwork for further examination of this topic.

3. West CAP management and staff were surveyed regarding what they believed were specific training needs that would help improve their services to culturally and linguistically diverse clients. Again, because this was a seminal work, it provided the first specific self-assessment of community action staff in rural west central Wisconsin.

Definition of Terms

The study used the following terms as defined below:

Clients/client base—low-income persons served or eligible to be served under the state and federal funding programs defined below (DHFS, 2006).

Client services—services provided to West CAP clients by Family Services Specialists, Family Self-Sufficiency Specialists, the JumpStart Manager, the Jobs and Business Development manager, Food and Resources Managers, Administrative Support Manager, Dealership Manager and Specialist, and Energy Auditors (West CAP, n.d.).

Community—refers to "any set of persons within the society that differs from other sets due to demographic, economic or social characteristics such as age, sex, education level, race, religion, income level, lifestyle, beliefs, etc." (IQ Solutions, 2001, p. 131).

Community action agencies—"Wisconsin community action agencies are independent, non-profit corporations or commissions. These organizations are 'community-based,' 'owned' and governed by local Boards of Directors. By Statute, the Boards are composed of one-third local government representatives, at least one-third democratically-selected low-income representatives, and other community organizations" (WISCAP, n.d. ¶ 1).

Cultural competency/culturally competent—"Having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers [clients] and their communities" (IQ Solutions, 2001, p. 131).

Limited English Proficiency (LEP)—"Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be limited English proficient, or 'LEP,' and may be eligible to receive language assistance with respect to a particular type of service, benefit, or encounter" (Campanelli, 2003, p. 5).

Programs—West CAP provides programs to clients in its service area to furnish "help in the areas of emergency assistance child and family development, supportive housing, weatherization, affordable housing development and home repair, job and business development,

transportation, and food security. The programs prevent or reduce suffering, provide stability, and help families develop assets" (2002, p. 5).

Public sector—"part of economic and administrative life that deals with the delivery of goods and services by and for the government, whether national, regional, or local" (Wikipedia, n.d., ¶ 1). Because West CAP is funded largely through public sector grants, it is considered to be operating as a public sector entity as well as a non-profit organization for purposes of this study.

Service area—Barron, Chippewa, Dunn, Pierce, Polk, Pepin, St. Croix counties (Nelson, 2004, p. 6).

Social services—"activity designed to promote social welfare" (*Webster's Ninth New Collegiate Dictionary*, 1985, p. 1119).

Chapter II: Literature Review

Introduction

To establish the background regarding the need for cultural competency, a variety of literature and selected legislation were reviewed, specifically those pertaining to language and communication in the health and social services arena. Commonalities among definitions, the views of federal and state agencies on the importance of communication, and the resources available to measure cultural competency were studied.

Need for Culturally Competent Communication

Because there is a plethora of information on the need for cultural competency in the business, education, health care, and social services industries of the United States, the review was limited to a few general documents. These were supplemented by studies focusing on cultural and language competency in adults working in public sector health care and social service areas.

Samovar and Porter defined intercultural communication as occurring "when a member of one culture produces a message for consumption by a member of another culture. More precisely, intercultural communication involves interaction between people whose cultural perceptions and symbol systems are distinct enough to alter the communication event" (2004, p. 15). This definition fits in with other experts' concept of the terms used (Adler & Rodman, 2006; Guffey, 2004; Keller, 2005).

Many resources used the definition developed by a group of professors at Georgetown University:

> The following comprehensive definition is provided by Professors T.L. Cross, K. Dennis, B.J. Bazion and MR Isaacs from Georgetown University. 'Cultural competence is a set of congruent behaviors, attitudes and policies that come together in a group of people to work effectively in cross-cultural situations such as an evaluation of programs and services provided to immigrants and refugees. The word 'culture' is the integrated pattern of learned human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a social group. The word 'competence' implies having the capacity to function effectively. A culturally competent system of evaluation incorporates – at all levels – the importance of culture, the assessment of particular cross-cultural relations, vigilance regarding the dynamics that result from cultural differences, the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs and processes.' (The Colorado Trust, 2002, p. 31)

The importance of competent communication between persons of diverse cultures, especially when there is not a common language, has been validated by a series of actions by the federal government. For more than 30 years, the Office of Civil Rights in the U.S. Department of Health and Human Services (DHHS) has studied language differences that prevent or impair access to medical, mental, and social services. Some actions taken include requiring health and social service program providers to furnish interpreters, hire bilingual employees, and produce written materials in a variety of languages (Centers for Disease Control and Prevention [CDC], 2001,).

More recently, on August 11, 2000, Executive Order No. 13166 put these actions into law. The Order was designed to "improve access to federally conducted and federally assisted programs and activities for persons who, as a result of national origin, are limited in their English proficiency." This requirement was based on the obligations set forth under Title IV of the Civil Rights Act of 1964.

Health Resources and Services Administration's (HRSA) report, *Cultural Competency Works,* noted that:

> As the United States grows in diversity, both in rural and urban areas, health care providers are increasingly challenged to understand and address the linguistic and cultural needs of a diverse clientele. The Health Resources and Services Administration [HRSA] has had a long-standing and particular interest in cultural competence because so many of its grantees provide care to traditionally underserved populations that include culturally and linguistically diverse communities (2001, p. 10).

The report reiterated the importance of language, and noted that just being able to speak a client's language "does not always guarantee effective communication between the client and the provider. Communication is more than simply shared language; it must also include a shared understanding and a shared context as well" (HRSA, 2001, p. 6).

The Office of the Surgeon General issued a report highlighting the importance of cultural competency regarding mental health. The report looked at mental health disparities influencing the care received by patients in specific minority groups. The report concluded that "the nation has far to go to eliminate racial and ethnic disparities in mental health. While working toward this goal the public health system must support the strength and resilience of America's families" (2001).

Authorities in a variety of fields outside government also stress the importance of cultural competency in communications and language (Bronheim, Goode & Jones, 2006; Bruns, & Corso, 2006; Keller, 2005; Samovar & Porter, 2004). Adler and Rodman examined the need for communications in human relationships and the key part that language and culture play in it (2006), a view that Guffey also supported (2004). Weinstock noted that, "cultural barriers often exist in tandem with language barriers, creating greater communication challenges" (2003, p. 4). Keller concurred, noting that "languages are the front door to another culture" (2005, January/February, p. 8).

Samovar and Porter wrote that "to state that language is important is merely to acknowledge the obvious, yet the significant influence language has on human behavior is frequently overlooked. The ability to speak and write is often taken for granted. It is through your use of sounds and symbols that you are able to give life to your ideas" (2004, p. 139).

Another way to give life to ideas is through nonverbal communications, what Samovar and Porter defined as "all those nonverbal stimuli in a communication setting that are generated by both the source and his or her use of the environment and that have potential message value for the source or receiver" (2004, p. 169). Other authorities agree, noting that nonverbal language is often as important as verbal language (Adler & Rodman, 2006; Samovar & Porter, 2004).

An example of nonverbal communication is the use of body language. This form of communication is one that varies dramatically between cultures, as well as being vulnerable to misinterpretation (Adler & Rodman, 2006; Weinstock, 2003). Weinstock cited a number of examples, including that "in American culture, maintaining eye contact is an effective way for a listener to convey both respect and attentiveness. However, in some Asian and Latin cultures, averting the eyes to avoid eye contact demonstrates respect" (2003, p. 4).

Much of the research and findings commissioned by DHHS and HRSA can be applied to other social and human services, and, because of the government's concern with the needs of the underserved in rural communities, the reports and recommendations provided insight into the needs of West CAP's clients. HRSA has designated parts of Wisconsin as medically underserved areas, including the following locations in West CAP's service area: Chippewa, Colfax and Menomonie in Dunn County, Durand in Pepin County, Polk County, and Glenwood City in St. Croix County. One of the four criteria for medically underserved areas is the percent of the population below the poverty level (HRSA, n.d.).

In summary, with the changing demographics across the United States, the need for cultural competency continues to accelerate (Irvin, 2004; Lau Chin, 2004; Weinstock, 2003). According to the U.S. Census, in 2000, 14% of Americans spoke a language other than English in the home. Weinstock elaborated further:

> Recent shifts in immigration patterns have resulted in a significant number of American residents–roughly 45 million–who speak a language other than English at home, have lower literacy levels and/or have limited English proficiency. According to Census projections, the number of residents with limited English proficiency is expected to increase, particularly within Asian and Latino communities. (2003, p. 1)

Given the impact of communication and language on daily life, the importance of cultural competency will continue to increase (Bronheim, Goode & Jones, 2006; Bruns, & Corso, 2006; HRSA, 2001; IQ Solutions, Inc., 2001; Keller, 2005; Samovar & Porter, 2004).

Two Key Government Studies on Cultural Competency in Health Care

Significant work has been done in the health care field through industry and government studies. This section provides an overview of two key reports by the federal government

regarding the importance of cultural competency on the quality of health care received. The documents form the framework for culturally competent health care, and also provide insight into competency in other service industries, including nonprofit, public sector service agencies like West CAP.

The U.S. DHHS and its sub-agency Office of Mental Health worked together with experts in the private sector to develop the decisive ruling titled the National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care. This report and subsequent legislation are the basis for later studies on the impact of language and culture on services received by persons who are not proficient in English. The standards defined cultural and linguistic competency as "the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter" (DHHS, 2000, December).

The CLAS standards are used by many health care organizations and providers, as well as state and local governments, as guidance in serving their clients with LEP. Further guidance was provided by Campanelli, the director of the Office for Civil Rights, in a final policy brief (2003).

A second federal document designed to help health care providers furnish quality care to their patients with LEP is the Language Assistance Plan created by CDC. The plan serves two purposes:

1. To clarify service providers' responsibilities regarding patients with LEP under the Title VI of the Civil Rights Act of 1964, as ordered by Executive Order No. 13166.
2. To ensure the public understands its rights to language assistance (CDC, 2001).

Resources and Tools

This section identifies resources and tools available to organizations to help them assess and transition to cultural competency. These tools and studies often include assessment questionnaires that require the agency and its staff to respond. The tools frequently use Likert scales (Goode, 2002; Minnesota Department of Human Services [MNDHS], 2004).

The U.S. DHHS has generated a considerable body of information on cultural competency. The studies have focused on medical and mental aspects of intercultural communications. Although much of the health care literature deals with cultural competency of clinical staff such as physicians, nurses, and psychologists (DiversityRx, 2003; Electronic Resource Center, n.d.a; IQ Solutions, 2003; Wisconsin Turning Point Transformation Team, n.d.), many organizations and programs in health care also have support staff and services staff such as enrollment specialists, appointment clerks, social workers, and other non-medical staff. Therefore, much of the information relates to the skills needed on the part of anyone providing direct client services.

Experts acknowledge that health care is not the only service affected by culture and language abilities (Bronheim, Goode & Jones, 2006; Park, 2005). The public sector must also consider the quality of non-medical services provided. This includes nonprofit organizations such as West CAP that receive funding from government sources. The federal government, as well as many states, requires organizations to implement cultural competency plans ((DHHS, 2000; HHSC, 2006).

Wisconsin's state health plan is required to be updated at least every ten years by state statutes. The current plan for 2010 addresses the importance of culture and language throughout the document. In particular, the plan requires health care providers to "foster cultural and

linguistic competencies within the workforce to understand and act upon the needs and perspectives of people who have diverse ethnic, racial, and cultural backgrounds throughout Wisconsin" (Wisconsin Turning Point Transformation Team, n.d., p. 51).

In Wisconsin, as do other government entities, the threshold for implementing bilingual materials, translators, and operations is when the population of LEP persons in a service area exceed 5% of the total number served (HHSC, 2006; Nelson, 2004).

To help organizations establish culturally competent procedures, including appropriate language assistance, there are numerous publications, consulting firms, web sites, and government agencies. Many of those reviewed offered packets and toolkits that provide strategies for hiring diverse staff, improving language access, self-assessment quizzes and worksheets, and referrals to other resources (Center for the Study of Cultural Diversity in Healthcare, n.d.; Office of Multicultural Affairs, 2000; ERC, n.d.a; MNDHS, 2004; National Center for Cultural Competency, n.d.; Wisconsin Area Health Education Center, n.d.).

A sampling of what is available was reviewed. As expected, much of the information applied to health care. The materials addressed in detail the demographic trends, the need to identify the health care needs of patients with LEP, and the need to develop processes for cross-cultural communications. Solutions included contracting with local interpreters and telephone services (including language lines such as Certified Language Interpreters), hiring bilingual staff, publishing information in languages other than English when 5% or 1,000 or more of the population in the service area spoke a specific language, and requiring employees to participate in cultural competency training (Agency for Healthcare Research and Quality, 2003; Campanelli, 2003; CDC, 2001; ERC, n.d.a; ERC, n.d.b, National Center for Cultural Competency, n.d.).

In addition to these solutions, some guides offered practical checklists for organizations to use to assess cultural competency (ERC, n.d.b; AHRQ, 2003; Goode, 2002; Taylor, 1998). Checklists help to "heighten the awareness and sensitivity of personnel to the importance of cultural diversity and cultural competency in human service settings" (Goode, 2002, p. 1).

The Minnesota Department of Human Services (MNDHS) published an extensive guide that advised organizations, not only on increasing their cultural competency, but also stressed the importance of referring clients to other agencies (2004, May, p. iii). Many of the publications, by both the public and private sectors, assume the organization is large. By encouraging organizations to train their employees in referral methods, MNDHS acknowledged that not all agencies are larger nor can they all hire bilingual staff, or afford other hands-on solutions. In many cases, just having established procedures for staff to follow will suffice to ensure the client receives appropriate services.

In summary, despite the large amount of literature on cultural competency, there are few commonly used standards and standardized tools for assessing cultural competency in the non-profit, public sector services arena. The federal government has identified standards pertaining to health care; however, these standards have been applied mainly to medical and mental health providers.

Chapter III: Methodology

Introduction

West CAP wanted to ensure its organization, policies and procedures support its workers and its clients, including minorities and individuals and families from other cultures. Cultural competency skills and the resulting training needs for West CAP staff working directly with clients had not been sufficiently assessed, identified, or documented in the West CAP service area. As a result, this study was undertaken to:

1. Identify existing assessment tools for measuring cultural competency for organizations and persons working in public sector health and social service programs through literature review and interviews.
2. Assess the overall agency cultural competency of West CAP as an organization through self-assessment tools.
3. Identify the perceptions of West CAP management and staff providing direct client services toward the organization in the area of cultural competency.
4. Ascertain training needs as identified by management and staff regarding cultural competency and linguistic skills.
5. Identify and suggest areas for West CAP to prioritize regarding cultural competency.

This chapter includes information on how the research was accomplished, the population assessed and surveyed, how the instruments were developed, how the data were collected, processed, and analyzed, and the limitations.

Description of Research Method

This was an assessment of the cultural competency of West CAP as an organization. It is a descriptive study based on research and self-assessment surveys. Research included an extensive literature review and personal interviews to determine the following information:

1. What are the minority and LEP populations in the organization's service area?
2. Does the organization have a cultural competency plan or program in place?
3. Does the organization provide cultural competency training for its employees?
4. What are the organization's language assistance procedures?
5. Does the organization have an assessment tool for measuring its cultural competency?
6. Does the organization have an assessment tool for measuring the cultural competency of its employees?
7. What materials does the organization have relating to cultural and/or linguistic competency?
8. What are other rural Midwestern community action agencies doing in regard to the above questions?

The research results were used to establish what existing resources were applicable to West CAP's needs and to develop the self-assessments for this study.

Interviews included the West CAP Social Assets Director, management staff at the Wisconsin Department of Administration, staff at the Minnesota Department of Human Services, and staff at CAP Services of Stevens Point, Wisconsin. Self-assessment surveys were completed by West CAP management staff and staff providing direct client services.

Selection of Subjects

The subjects were persons employed in these positions at West CAP during the period of March 26, 2007 through April 6, 2007.

The following eight persons responded to the management surveys:

1. Senior Planner
2. Human Resources Manager
3. Social Assets Director
4. Economic Assets Director
5. Housing Preservation Director
6. Families in Transition Director
7. Housing Development Director
8. Families in Transition Case Manager Coordinator

The West CAP Social Assets Director identified the following positions as providing direct client services:

1. Family Services Specialists
2. Family Self-Sufficiency Specialist
3. JumpStart Manager
4. Jobs and Business Development Manager
5. Energy Auditors
6. Food Access and Resources Manager
7. Site Manager

Of the 16 staff in the above positions providing direct client services, 13 completed the surveys.

Instrument Development

After the research (literature review and interviews) was completed, the Minnesota Department of Human Service's instrument, titled *Appendix H: Organizational Self-Assessments* (2004) was selected. This instrument was chosen for the following reasons:

1. Minnesota has a number of similarities with Wisconsin, including comparable cultural competency issues. Both are originally Northern European in ethnic roots, both contain large sections of rural counties where diversity is rare, and both have had large recent increases in the same three ethnic populations (Hmong, Hispanic, and Somali).
2. Both states have community action agencies with similar focuses and responsibilities.
3. Many assessment tools were designed for large organizations. Minnesota Department of Human Service acknowledged that not all agencies are large nor can they all hire bilingual staff, or afford other hands-on solutions. In many cases, just having established procedures for staff to follow will suffice to ensure the client receives appropriate services. Therefore, Minnesota's instrument was well suited to assess the cultural competency of a small agency such as West CAP.

The Minnesota instrument was designed for health care workers; however, research supported the assumption that cultural competency needs of health care clients and social program clients are similar. Research also supported that tools developed for nurses, health care support staff, behavioral health workers, and health care administrative staff would also be applicable to staff in agencies that administer social programs.

The original Minnesota instrument, *Appendix H: Organizational Self-Assessments*, is an interactive, online tool. Constance Tuck, Director, Office for Equal Opportunity, gave permission to use and adapt the instrument. The Likert-scale instruments adapted for this study were traditionally administered: printed, distributed in hardcopy, and respondents indicated their choices by circling in pen or pencil the appropriate number. The instruments are included in Appendix A: Organizational Self-Assessments, located at the end of this document. Appendix A includes the self-assessment instrument for Management Staff, and the self-assessment instrument for Staff Serving Clients.

Data Collection Procedures

Executive staff at West CAP welcomed the needs assessment. The Social Assets Director assisted in the study, including review of the assessment tool, and identification of managers and staff to participate in the survey.

Nominal data were collected through interviews with staff at the State of Wisconsin, the State of Minnesota, West CAP, and CAP Services. In addition, the surveys included two sections where respondents could write suggestions and comments.

Ordinal data were collected through surveys using a Likert scale. Surveys were printed and distributed to the following West CAP management staff and staff providing direct client services. The surveys were anonymous because no names were requested on the printed forms. Responses to the surveys were entered into Microsoft Word tables included in Chapter IV: Results.

Limitations

A limitation is that, because there are no standards for determining cultural competency in non-medical services and there are no universal assessment tools, the validity of the

instruments have not been measured. Because of the localized information and small population surveyed at West CAP, results may not be directly applicable to other CAPs.

The study was limited to those management personnel and staff performing direct client services during two weeks from March 26, 2007 through April 6, 2007 at West CAP. The study assumed those staff are representative of future staff regarding level of cultural competency and languages spoken. At some future point West CAP may be able to hire more ethnically diverse staff, which may therefore change the perceptions from those determined by this study.

As is the case in many survey situations, the respondents answered based on their circumstances and opinions on the day they completed the survey. This may have resulted in responses that may be inconsistent if the survey were given at another time.

Because the agency is small, it is possible that employees (including management staff) may be able to determine who responded and what his or her response was. The Social Assets Director, supported by executive staff, assured all employees that no punitive consequences would result from participation in the survey. The Social Assets Director also informed employees that they could choose not to participate. Three employees chose not to participate.

Changes in funding or legislation at the state or federal level may affect West CAP's practices and program management. The study assumed that program funding for West CAP will remain stable.

Chapter IV: Results

Introduction

Existing cultural competency materials, including online and interactive materials, were reviewed. In addition, a selection of non-profit and public sector organizations in Wisconsin and Minnesota were interviewed by telephone and email by asking questions regarding cultural competency needs, and assessment tools. Responses and materials were reviewed, and used to develop two self-assessment surveys. One was for management staff and the other was for staff providing direct client services.

Results of Research

As a result of the research (the literature review and interviews), the following answers to the questions posed in Chapter III: Methodology, *Description of Research Method,* were identified:

1. What are the minority and LEP populations in the organization's service area? Answer: The dominate minority and LEP populations in West CAP's service area are Hmong, Hispanic, and Somali. As of April 2007, none of these populations comprise 5 percent or more of the organization's client base, which is the threshold identified by the State of Wisconsin for production of written materials in the clients' language. In the health care industry, most states use the 5-percent rule regarding minority populations.

2. Does the organization have a cultural competency plan or program in place? Answer: Yes, West CAP maintains a current Civil Rights Compliance Plan, which monitors goals for linguistic needs, workforce recruitment, and other issues. All Wisconsin community action

agencies and other non-profit entities receiving federal and state funding for certain social programs are required to maintain this Plan with the state.

3. Does the organization provide cultural competency training for its employees? Answer: West CAP provides training on Martin Luther King Day, as well as the Affirmative Action training required by the State of Wisconsin. Several management and client staff responded that this was not sufficient training, although the majority of responders indicated they "somewhat agreed" with statements about West CAP's provision of cross-cultural training.

4. What are the organization's language assistance procedures? Answer: The organization has established contacts with the Hmong, Hispanic, and Somali communities for language assistance as needed. These three language are the most common languages other than English.

5. Does the organization have an assessment tool for measuring its cultural competency? Answer: No. There was no assessment tool available for community action programs, including West CAP, in Wisconsin.

6. Does the organization have an assessment tool for measuring the cultural competency of its employees? Answer: No. There was no assessment tool available for community action programs, including West CAP, in Wisconsin.

7. What materials does the organization have relating to cultural and/or linguistic competency? Answer: The Civil Rights Compliance Plan is the only material. West CAP provided the most recent version as part of the research for this assessment.

8. What are other rural Midwestern community action agencies doing in regard to the above questions? Answer: To date, the agencies, including West CAP, are concerned about meeting the needs of minority clients. As documented in their Civil Rights Compliance Plans, West CAP and other rural community action agencies have developed strategies for recruiting employees,

providing translation services, and written materials in the future. At this point, the percentage of the minority client population is less than the government standard of 5 percent, so there are no requirements at this point for hiring minorities or bilingual staff, or for developing translated materials.

Results of Organizational Self-Assessments

The following are the results of the self-assessments administered to the West CAP management staff and staff serving clients regarding their perceptions of the organization's cultural competency. Eight management staff participated and thirteen out of sixteen staff serving clients participated.

The self-assessment given to the management staff differed from that given to the staff in the types of questions as well as the number of questions. The management self-assessment examined service delivery (6 questions) and human resources practices (20 questions). The staff serving clients were asked 10 general questions in their self-assessment.

Both self assessments had the following choices for responses: Disagree, Somewhat Disagree, Somewhat Agree, and Agree. Both also provided space for written comments and suggestions.

Questions regarding service delivery received the responses from the eight management staff surveyed as shown in Table 1: Service Delivery Responses: Management. Refer to Appendix A for the questions.

Table 1: Service Delivery Responses: Management

Question Number	Disagree	Somewhat Disagree	Somewhat Agree	Agree
1	1	1	6	0
2	2	3	3	0
3	3	2	2	1
4	1	0	6	1
5	1	4	3	0
6	1	6	1	0
Total	9	16	21	2

Responses on the part of management staff reveal a fairly even split regarding positive and negative perceptions on the organization's cultural competency in service delivery. The total number of available responses for each question and each option was 48 (8 people multiplied by 6 questions). The number of selected options to each question were totaled, and used to calculate the percentages. Positive perceptions ("somewhat agree" and "agree") were selected 48 percent of the time (23 out of 48 responses), with 52 percent either disagreeing or somewhat disagreeing.

There were two questions that garnered the most positive response. In Question 1, six managers somewhat agreed that the organization uses the expertise of individuals from diverse cultural backgrounds to assist with services. In Question 4, six managers somewhat agreed and

one agreed that workers assess how clients' cultures and their own cultures affect perceptions and decisions in service delivery.

The issue had indicated the most negative perception was Question 6. This question concerned the organization's process for evaluating the impact of programs and policies on culturally diverse clients. Seven of eight people disagreed or somewhat disagreed.

Questions regarding human resource practices received the responses from the eight management staff surveyed as shown in Table 2: Human Resource Practices Responses: Management. Refer to Appendix A for the questions.

Table 2: Human Resource Practices Responses: Management

Question Number	Disagree	Somewhat Disagree	Somewhat Agree	Agree
7	2	3	3	0
8	4	3	1	0
9	2	5	1	0
10	2	3	2	2
11	2	3	3	0
12	1	2	4	1
13	2	2	2	2
14	0	0	7	1
15*	3	1	2	1
16*	0	0	6	1
17	1	1	4	2
18	1	4	2	1
19	1	3	3	1
20	2	1	4	1
21	2	0	4	2
22*	1	1	3	2
23	1	2	4	1
24	0	2	2	3
25	0	4	3	1
26	0	0	4	4
Total	27	40	64	26

*One respondent did not answer Question 15, one respondent did not answer Question 16 and one did not answer Question 22

Of the 157 responses (8 managers responses on 20 questions minus 3 items not completed by 1 manager), 57 percent of the managers had positive perceptions. These perceptions were: 26 agreed and 63 somewhat agreed = 89 *versus* 68 = 27 disagreed and 41 somewhat disagreed.

There were three questions that garnered the most positive responses. In Question 14, seven managers somewhat agreed and one manager agreed that the organization collects and analyzes demographic and statistical information on culturally diverse populations and uses the information in its planning. In Question 16, seven managers somewhat agreed and one manager agreed that the organization gives managers and staff time to participate in cultural activities and civic organizations. In Question 26, four managers somewhat agreed and four managers agreed that the organization has staff assigned to know and ensure compliance with laws regarding language assistance and cultural diversity. There were no questions regarding human resources practices that had completely negative perceptions.

To the question "What specific training and programs would you like to have available to staff," four managers replied:

- "We provide cultural training one day per year—MLK Day. Because we live in a homogenous area to a large extent we tend to not remember that there are other cultures among the population. We do make attempts, but not enough."
- "All staff cultural sensitivity training and management training on AA and laws to comply with for clients to ensure we protect against discrimination."
- "We do some cross cultural training once a year at MLK Day events, but generally we do not directly train staff on how to understand and communicate with clients from different races or who do not speak English."

- "Culturally-specific orientation to actual minorities present in the service area."

Two managers wrote the following under "Additional comments":

- "We have very tiny minority populations in our service area. Hmong, Somali, black, N. Am. [sic] and Hispanic are the most prevalent. No real inroads [writing unclear and meaning guessed by researcher] have been made into the Somali community. The [sic] have remained congregated in one town, most seem to be working and the community "appears" somewhat closed to outsiders. Hmong receive services in substantial numbers and we have good working relationships for translation services. Native Am. We serve are generally not on reservations and are integrated in the community. The black community is well integrated as well and are most prevalent in 2 larger towns and the western part of the service area. Hispanics have on [sic] "concentration near a food processing plant. Otherwise they are well integrated into society.
- "Our written communications are in English, though we do not have many clients as resident who do not speak English. I believe that if we did have a resident or client who did not speak English that we would make provisions for a translator or family member who could help."

There were 16 staff identified as directly serving clients. Of those identified, 13 responded. Their responses are shown in Table 3: Perceptions of Staff Serving Clients. Refer to Appendix A for the questions.

Table 3: Responses of Staff Serving Clients

Question Number	Disagree	Somewhat Disagree	Somewhat Agree	Agree
1	0	1	5	7
2	1	2	5	5
3	1	1	7	4
4	1	0	5	7
5	0	3	7	3
6	1	1	6	5
7	1	2	7	3
8	0	2	5	6
9	1	1	4	7
10*	0	1	9	2
Total	6	14	60	49

*One respondent did not circle a response and instead wrote "more training needed" in Question 10

Of the 129 responses (13 staff responses on 10 questions minus 1 item not completed by 1 staff person), 84 percent of the managers had positive perceptions. These perceptions were: 49 agreed and 60 somewhat agreed = 109 *versus* 20 = 6 disagreed and 14 somewhat disagreed.

To the question "What specific training and programs would you like to have," four staff replied with the following suggestions:

- "Low-income viewpoint seminars"
- "Some more information on Spanish, Hmong, hearing-impaired cultures"
- "Training on Somali customs, cultural, etc."
- "Was more familiar w/Programs in Dunn Co. Area when I worked in Dunn Co."

No staff responded to the section for additional comments.

Chapter V: Discussion

Introduction

West CAP, one of Wisconsin's 16 community action agencies, is a nonprofit organization located in Glenwood City, with a service territory that covers Barron county, as well as Chippewa, Dunn, Pepin, Pierce, Polk, and St. Croix counties. Founded in 1965, West CAP's mission is "to work toward the elimination of poverty in west central Wisconsin by all appropriate means and to significantly relieve the hardships of poverty where they still exist in our homes and communities" (West CAP, 2002, p. 4).

Significant research and development has been done across the nation regarding the cultural competency and linguistic needs of health care workers and consumers, and educators. Research supports the necessity for all professionals, whether teachers, doctors, social workers, businesspersons or others, to be culturally competent regarding the communities with which they interact (Alexander & Wilson, 1997; Office of Multicultural Affairs, 2000; Fenton, 1999; IQ Solutions, Inc., 2001; Park, 2005).

Because cultural diversity has been increasing in Western Wisconsin, West CAP's client base has changed since the organization was founded. Originally its clients were primarily persons from Northern Europe and Native Americans. The client base now contains Hispanic, Hmong, and Somali communities, which include persons with Limited English Proficiency (LEP). Although these communities are small in comparison with the total population of the area, West CAP wants to ensure it continues to meet its mission for all clients, including its growing minority client base.

In summary, despite the large amount of literature on cultural competency, there are few commonly used standards and standardized tools for rating and assessing cultural competency in

the non-profit, public sector services arena. The federal government has identified standards pertaining to health care; however, these standards have been applied mainly to medical and mental health providers. The cultural competency needs of populations in the rural areas of Wisconsin regarding non-health related services had not previously been addressed. This needs assessment was performed to identify cultural competency issues, training needs, and perceptions of West CAP managers and staff who serve clients in the service area.

Limitations

A limitation is that, because there are no standards for determining cultural competency in non-medical services, and there are no universal assessment tools, the validity of the instruments have not been measured. Because of the localized information and small population surveyed at West CAP, results may not be directly applicable to other CAPs.

The study was limited to those management personnel and staff performing direct client services during two weeks from March 26, 2007 through April 6, 2007 at West CAP. The study assumed those staff are representative of future staff regarding level of cultural competency and languages spoken. At some future point West CAP may be able to hire more ethnically diverse staff, which may therefore change the perceptions from those determined by this study.

As is the case in many survey situations, the respondents answered based on their circumstances and opinions on the day they completed the survey. This may have resulted in responses that may be inconsistent if the survey were given at another time.

Because the agency is small, it is possible that employees (including management staff) may be able to determine who responded and what his or her response was. The Social Assets Director, supported by executive staff, assured all employees that no punitive consequences

would result from participation in the survey. The Social Assets Director also informed employees that they could chose not to participate. Three employees chose not to participate.

Changes in funding or legislation at the state or federal level may affect West CAP's practices and program management. The study assumed that program funding for West CAP will remain stable.

Conclusions

The research showed the importance of cultural competency, especially for those who interact directly with people in service situations, such as health care and social programs. Providing services in a culturally competent and appropriate way is identified by the National Center for Cultural Competence (NCCC) and other experts as one of the main challenges for professionals seeking to support the needs of diverse families (Bronheim, Goode & Jones, 2006; DiversityRx, 2003; NCCC, n.d.).

This need is important in regions with populations who have traditionally been Northern European in origin, as well as in ethnically encapsulated areas. Predictions are that by mid-century, people who are now considered minorities will number about half of the U.S. population (Irvin, 2004; Lau Chin, 2004; Taylor, 1999). This change in demographics—both current and predicted—is reflected throughout the country, with increases not only in ethnic populations, but also in those whose primary language is other than English.

West CAP has demonstrated its understanding of the importance of this need through participating in this cultural competency self-assessment, and through certain aspects of its service delivery and human resource practices, as identified by the positive responses of its management and client staffs. This study assisted West CAP in identifying and prioritizing

cultural competency practices and policies to ensure it continues to meet its mission for all its clients.

The Organizational Self-Assessments collected the information needed to provide West CAP with information that will assist the organization in prioritizing various issues, such as increased training, and in increasing its cultural competency practices and policies to ensure it continues to meet its mission for all its clients. In addition, as the minority and non-English-speaking populations increase in the West CAP service area, the organization can focus on those recruiting and human resource practices listed in the assessment form to ensure it meets the goals for workforce demographics specified in its Civil Rights Compliance Plan.

The majority of managers (at least five out of eight) indicated a positive (somewhat agree or agree) perception in the following areas, indicating a belief that West CAP does well:

- Using the expertise of individuals from diverse cultural backgrounds to assist with services.
- Assessing how clients' cultures and their own cultures affect perceptions and decisions in service delivery.
- Providing cultural training and development programs to staff
- Collecting and analyzing demographic and statistical information on culturally diverse populations and using the information in its planning
- Giving managers and staff time to participate in cultural activities and civic organizations.
- Maintaining a list of culturally diverse vendors, contractors and organizations
- Reviewing performance regarding service to diverse individuals
- Announcing vacant positions through culturally diverse networks

- Supporting coordination and integration of services for culturally diverse populations
- Having mechanisms to identify and resolve cross-cultural conflicts
- Collecting demographic information and protecting against its use in discriminatory ways
- Discussing impact of policies on cultural competence and adapting as needed
- Having staff assigned to know and ensure compliance with laws regarding language assistance and cultural diversity.

The issue that indicated the most negative perception was Question 6 concerning the organization's process for evaluating the impact of programs and policies on culturally diverse clients, with 7 of 8 disagreeing or somewhat disagreeing.

The perceptions of the staff regarding West CAP's cultural competency are more positive than those of management, with 84 percent responding positively.

Recommendations

When determining its priorities, it is recommended that West CAP focus first on its training and policies, rather than on workforce recruitment or on producing written material translations. As of April 2007, none of the minority or non-English-speaking populations comprised 5 percent or more of the organization's client base. This is the threshold identified by the State of Wisconsin for production of written materials in the clients' language. As part of its Civil Rights Compliance Plan, West CAP continuously monitors the demographics of its service area. As a result, the organization will be aware of any increase in its minority and LEP populations, and can institute action regarding staff hiring and translations at that time.

West CAP may want to increase its cultural competency training to include those areas specifically identified by its employees. Those areas are:

- Understanding and communicating with clients from different races or who do not speak English
- Providing culturally-specific training on the minorities present in the service area
- Providing low-income viewpoint seminars
- Increasing available information on Spanish and Hmong cultures
- Training on Somali customs and culture

Recommended ways for West CAP to increase training would be to request specific training from the post-secondary institutions in its service area, such as UW-Stout, UW-River Falls, and Chippewa Valley Technical College.

Another recommendation is to investigate available online programs, interactive web sites, and online documents. Some suggested sources are shown in Appendix B: Selected Cultural Competency Resources. All web sites for these resources are also included in the References section of this study.

A final recommendation to West CAP is the creation of a Cultural Competency Plan, such as required by federal and many state health care contracts. This would flesh out the activities indicated in the Civil Rights Compliance Plan, and would ensure policies and procedures in the present and in the future follow a strategic plan.

Suggestions for further research and studies in this field include producing an inventory of available resources in the State of Wisconsin for cultural competency and LEP issues, including government and private sector documents, trainings, consultants, and programs. As the diversity of the state increases, more and more organizations, agencies, businesses and

individuals will need to be culturally competent. This inventory would assist in ensuring all Wisconsin residents receive services in a culturally sensitive and linguistically appropriate manner.

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Appendix A: Organizational Self-Assessments

Organizational Self-Assessment
Management Staff

Instructions:
For each statement below, circle the one response that best describes your organization.

Service Delivery

1. Our organization uses the expertise of individuals from diverse cultural backgrounds to assist in providing services to other individuals from similar cultural backgrounds.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

2. The organization is able to serve culturally diverse individuals in their own languages, written and verbal.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

3. Client materials are culturally appropriate and translated into the languages of diverse clients who constitute 5 percent or more of the total client population.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

4. Workers assess how clients' cultures and their own cultures affect their perceptions and decisions when assessing a client's needs and developing service plans.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

5. Cultural knowledge and cross-cultural skills are assessed as a part of employee and contractor performance evaluations.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

6. Our organization has a clear process for evaluating the short and long-term impact of its programs and policies on culturally diverse clients.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

Human Resource Practices

7. The cultural make-up of the staff reflects the cultural diversity of clients served. The organization has developed a staff profile and compared it to a client demographic profile.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

8. The organization actively recruits and hires bilingual staff on a regular basis.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

9. Job descriptions and performance evaluations give explicit value to experience and competence in working with culturally diverse clients, staff, and contractors.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

10. Job announcements and descriptions indicate that candidates must have an understanding of and sensitivity to serving culturally diverse populations.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

11. Potential candidates are required to demonstrate cross-cultural interaction skills.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

12. The organization has staff training and development programs to enhance cultural knowledge and cross-cultural skills.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

13. Our organization solicits program ideas from an advisory committee which includes clients, parents, and community members from diverse cultural groups and our organization follows the advice of the advisory committee.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

14. Our organization collects and analyzes demographic and statistical information on culturally diverse populations for use in its planning process and regularly discusses how policy decisions may affect diverse communities.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

15. The organization periodically reports back to culturally diverse communities on progress made.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

16. The organization affords administrators and staff time to participate in the community's cultural activities and civic organizations.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

17. Our organization maintains a current list of culturally diverse vendors, contractors and organizations.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

18. Our organization advertises special events, program information, and funding opportunities in culturally diverse print and broadcast media and through community information networks and organizations that represent culturally diverse groups.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

19. The organization has developed specific goals, objectives, and performance measures related to achieving outreach, service delivery, and other desired outcomes to culturally and ethnically diverse communities.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

20. Our organization reviews our performance in serving individuals from diverse cultural backgrounds.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

21. Our organization ensures that the announcements of vacant positions are circulated through culturally diverse networks.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

22. Our organization supports the coordination and integration of services that appropriately and effectively serve culturally diverse populations.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

23. The organization has mechanisms in place to identify and resolve cross-cultural conflicts among staff; between management and staff; and between staff and clients.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

24. The organization collects race/ethnicity, language, and national origin data, explains its use to clients, and protects against using it in discriminatory ways.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

25. Our organization regularly discusses how its policy decisions affect progress toward cultural competence and is willing to adapt its programs and services to make them appropriate to people of different cultures.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

26. The organization has staff assigned to know and ensure compliance with federal and state laws and rules on language assistance and culturally diverse populations.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

What specific training and programs would you like to have available to staff? You may write on the back if you need more space for comments.

Additional Comments: You may write on the back if you need more space for comments.

Adapted from *Appendix H: Organizational Self-Assessments.* 2004.Minnesota Department of Human Services. Used with permission from MN DHS.

Organizational Self-Assessment
Staff Serving Clients

Instructions:
For each statement below, circle the one response that best describes your organization.

1. The organization communicates its values about cultural competency to staff.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

2. The organization encourages staff to learn more about their own cultures and the effect their own cultures have on their day-to-day work.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

3. The organization encourages staff to evaluate their own biases.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

4. The organization encourages the use of appropriate language in communications between staff members.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

5. The informal (practices, attitudes, beliefs) operating structure is conducive to the development of cultural competency.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

6. The organization has demonstrated its commitment to cultural diversity in the past year through culturally relevant activities or programs.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

7. The organization considers client's language, race, ethnicity, customs, family structure, and community dynamics when developing its management and service delivery strategies.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

8. The organization views natural systems (family, community, church, etc.) as primary mechanisms of support for culturally and ethnically diverse populations.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

9. The organization affirms that an individual's culture is an integral part of the physical, emotional, intellectual, and overall development and well being of that individual.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

10. The organization has staff training and development programs to enhance cultural knowledge and cross-cultural skills.

1	2	3	4
Disagree	Somewhat Disagree	Somewhat Agree	Agree

What specific training and programs would you like to have? You may write on the back if you need more space for comments.

Additional Comments: You may write on the back if you need more space for comments.

Adapted from *Appendix H: Organizational Self-Assessments.* 2004.Minnesota Department of Human Services. Used with permission from MN DHS.

Appendix B: Selected Cultural Competency Resources

Agency for Healthcare Research and Quality: *Oral, Linguistic, and Culturally Competent Services: Guides for Managed Care Plans.* http://www.ahrq.gov/about/cods/cultcomp.htm

Center for the Study of Cultural Diversity in Healthcare at the University of Wisconsin-Madison. http://cdh.med.wisc.edu/

Centers for Disease Control and Prevention: *CDC Language Access Plan.* http://www.cdc.gov/od/oppe/lap/lap.pdf

Electronic Resource Center: *The Provider's Guide to Quality and Culture.* http://erc.msh.org

Health Resources and Services Administration: *Cultural Competency Works.* ftp://ftp.hrsa.gov/financeMC/cultural-competence.pdf

Minnesota Department of Human Services: *Guidelines for Culturally Competent Organizations. http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=Home_Page*

National Center for Cultural Competency: *Products and Tools.* http://gucchd.georgetown.edu/nccc/products.html

Wisconsin Area Health Education Center System. http://www.ahec.wisc.edu/