



# **CAMBRIDGE PUBLIC HEALTH DEPARTMENT**

## **CULTURAL COMPETENCY SURVEY REPORT**

**May 2015**

**CAMBRIDGE PUBLIC HEALTH DEPARTMENT**



# Table of Contents

|  |    |
|--|----|
| <b>EXECUTIVE SUMMARY</b> .....                 | 1  |
| <b>ASSESSMENT PROCESS</b> .....                | 2  |
| NATIONAL CLAS STANDARDS.....                   | 2  |
| SURVEY METHODS .....                           | 3  |
| <b>FINDINGS</b> .....                          | 4  |
| STAFF & LEADERSHIP .....                       | 4  |
| LANGUAGE ACCESS / COMMUNICATION .....          | 5  |
| ORGANIZATIONAL SUPPORT AND ACCOUNTABILITY..... | 7  |
| <b>RECOMMENDATIONS</b> .....                   | 10 |

# EXECUTIVE SUMMARY

The Cambridge Public Health Department (CPHD) conducted a cultural competency survey as part of the effort to apply for national accreditation through the Public Health Accreditation Board (PHAB). The purpose of the survey was to assess the department's capacity to: 1) deliver culturally and linguistically appropriate services and 2) to advance health equity. The data generated by the survey will inform the development of a policy framework and a workforce development plan to enhance the cultural competency of the department and increase its ability to advance health equity.

Supervisors and managers were invited to take the survey as representatives of their divisions or programs to report on policies and staff practices that relate to cultural competency. All thirteen supervisors and managers were emailed links to the electronic survey and eleven completed it, representing a response rate of 85%.

The survey examined CPHD's cultural competency across three domains:

1. Staff and Leadership
2. Language Access/Communication
3. Organizational Support and Accountability

Results from the Staff and Leadership domain indicated the staff racial profile largely reflects that of the city's population. The results, however, demonstrate the need for the development of policies that support the recruitment, retention, training, and promotion practices of diverse staff and a comprehensive staff training program in cultural competency.

In the Language Access/Communication domain, the results indicate employees use culturally and linguistically appropriate resources to promote health. Nevertheless, employees need reorientation to policies regarding the provision of interpreter services, verbal and written notices about the right to language assistance services, and Disability Access Notices.

Results from the Organizational Support and Accountability domain point to staff involvement in partnerships with other agencies that target the same diverse cultural groups. However, CPHD will need to strengthen its policy framework and practices for identifying diverse communities, considering cultural and linguistic differences in developing programs, using race, ethnicity, and language (REL) community/service area data and collecting client satisfaction data to inform culturally and linguistically appropriate service (CLAS) delivery.

# ASSESSMENT PROCESS

## NATIONAL CLAS STANDARDS

The survey assessed the health department's cultural competency using The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). These standards are a collective set of mandates, guidelines, and recommendations issued by the Department of Health and Human Services Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services. The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14).

These standards were adapted by the Massachusetts Department of Public Health (MDPH) for the *Making CLAS Happen* manual, a guide designed to help public health departments in the state enhance their ability to deliver culturally and linguistically appropriate services to diverse communities. The manual condenses the National CLAS Standards into six chapters:

1. Foster cultural competence
2. Build community partnerships
3. Collect and share diversity data
4. Benchmark: plan and evaluate
5. Reflect and respect diversity
6. Ensure language access

## SURVEY METHODS

The 15-question web based survey was adapted from the CLAS Self-Assessment Tool in the *Making CLAS Happen* manual that the state promotes for use by local health departments. A crosswalk of the variables in the tool with the Cultural and Linguistic Competence Policy Assessment (CLCPA) developed by the National Center for Cultural Competence was conducted to ensure the tool's consistency with PHAB accreditation recommendations. The tool was adapted by the CPHD Workforce Development Workgroup and the completed survey was administered through an internal online survey platform to managers and supervisors who represented the policies and practices of their respective divisions or programs. All thirteen supervisors and managers were emailed links to the electronic survey and eleven completed it, representing a response rate of 85%.

The survey assessed the Cambridge Public Health Department based on the following criteria:

### Staff & Leadership (internal staff capacity)

- Staff reflecting the cultural and racial diversity of the communities served
- Policies for the recruitment, retention, training, and promotion of diverse staff
- Routine training in cultural competency

### Language Access / Communication (serving individuals effectively)

- Providing professional interpreter services
- Providing written notices about rights to language assistance services
- Providing Disability Access Notices
- Using culturally and linguistically appropriate resources to promote health

### Organizational Support and Accountability (serving populations effectively)

- Policies/procedures for identifying diverse communities
- Considering cultural and linguistic differences in developing programs
- Using race, ethnicity, and language (REL) service area data in delivering program services
- Collecting client satisfaction data to inform culturally and linguistically appropriate service (CLAS) delivery
- Participating in partnerships with other agencies that target the same diverse cultural groups
- Using the Massachusetts Department of Public Health *Making CLAS Happen* manual

# FINDINGS

## STAFF & LEADERSHIP

The first section of the survey assessed staff competence in providing culturally appropriate services. It examined the profile of the Cambridge Public Health Department (CPHD), the policy structure for the recruitment, retention, training, and promotion of diverse staff, as well as levels of staff confidence in providing culturally appropriate services.

### Staff Cultural and Racial Diversity

To what extent do you think that the staff of your division/program represent the cultural and racial diversity of your target population?

20%

FULLY REFLECTS

50%

PARTIALLY REFLECTS

30%

DOES NOT REFLECT

Seven out of 10 supervisors who responded to this question felt that their program staff profiles fully or partially reflect the diversity of the populations they serve. Two supervisors (20%) responded that their employees fully reflect the diversity of their target population, while five (50%) indicated that their employees partially reflect the diversity of their target population. Three respondents (30%) indicated that their employees did not reflect the diversity of the population served. However, two of these three respondents manage programs with very few staff (e.g. one program is made up of only one staff member). One respondent abstained from responding to this question because she does not supervise any staff.

### Policies for recruitment, retention, training and promotion practices

100%

DO NOT HAVE & ARE  
NOT AWARE OF  
POLICIES

Does your division/program have written policies and procedures that support recruitment, retention, training, and promotion practices of diverse populations? If not, are you aware of any department-wide policies?

All eleven respondents (100%) stated that their programs did not have written policies and procedures that support the recruitment, retention, training, and promotion practices of diverse staff and that they were not aware of any department-wide policies.

## Staff training in cultural competency

To what extent has your division/program scheduled professional development and in-service training for staff at all levels in cultural competency in the last two years?



**36%**  
PROVIDE TRAINING,  
BUT NOT IN A ROUTINE  
MANNER

Four (36%) respondents reported providing cultural competency training, but not in a routine manner, while seven responded that their programs do not provide scheduled trainings in cultural competency.

### LANGUAGE ACCESS / COMMUNICATION

The four questions in this section examined the provision of interpreter services, verbal and written notices about rights to services, Disability Access Notices, as well as the use of culturally and linguistically appropriate information.

## Professional Interpreter Services

Does your division/program provide timely professional interpreter services, at no cost, to all limited English proficiency (LEP) clients, including those clients who use American Sign Language?



This question did not apply to four respondents due to the nature of their work. Two of the respondents (29%) stated they always provide professional interpreter services, while three (43%) responded that they provide these services most of the time. One respondent (14%) stated her program sometimes provides interpreter services and another (14%) indicated not providing these services.

## Verbal and Written Notices about Rights to Services

Do all limited English proficiency (LEP) or deaf or hard of hearing clients receive verbal and written notices about their right to language assistance services?



ALWAYS (2)



NOT APPLICABLE (4)



DO NOT PROVIDE (5)

Excluding the four respondents for whom this question did not apply, two respondents (29%) stated they provide verbal and written notices about clients' rights to language assistance services while five (71%) indicated not providing the notices.

## Disability Access Notice

1

PROVIDES DISABILITY  
ACCESS NOTICE

Are deaf or hard of hearing clients and clients with disabilities provided a copy of your program's Disability Access Notice?

Excluding the five respondents for whom this question did not apply, only one respondent (17%) stated that clients who are deaf or hard of hearing and clients with disabilities receive Disability Access Notices.

## Culturally and Linguistically Appropriate Information

YES (8)



NOT APPLICABLE (2)



NO (1)



Does your division/program use resources/educational materials that are culturally and linguistically appropriate to inform diverse groups about health related issues?

Excluding the two respondents for whom this question did not apply, all but one (89%) stated they use resources/educational materials that are culturally and linguistically appropriate to inform diverse groups about health-related issues; one (11%) reported providing these written materials to all cultural groups in the target population, while seven (78%) reported providing them to some cultural groups in the target population.



## ORGANIZATIONAL SUPPORT AND ACCOUNTABILITY

The five questions in this section evaluated whether the organizational infrastructure assures the delivery of culturally competent services. Unlike other sections that assessed the ability of the health department to provide culturally appropriate services to individuals, this section assesses the capacity of the health department to advance health equity in communities. The questions addressed:

- Policies/procedures for identifying diverse communities
- Considering cultural and linguistic differences in developing programs
- Using race, ethnicity, and language (REL) service area data in delivering program services
- Collecting client satisfaction data to inform culturally and linguistically appropriate service (CLAS) delivery
- Participating in partnerships with other agencies that target the same diverse cultural groups
- Using the Massachusetts Department of Public Health (MDPH) Making CLAS Happen manual

Of the 11 people who responded to the questions in this section, below are the results of their responses:

1  
HAS POLICY  
WRITTEN

Are you aware of policies or procedures within your program/division that define how to identify the culturally diverse communities in your service area?

1  
COLLECTS CLIENT  
SATISFACTION DATA

Does your division/program collect client satisfaction data to inform culturally and linguistically appropriate service (CLAS) delivery?

2  
HAVE DRAFT  
POLICIES

Does your division/program have policies or procedures for considering cultural and linguistic differences in developing programs or quality improvement processes?

3  
USE REL DATA ALL OR  
MOST OF THE TIME

Does your division/program use race, ethnicity, and language (REL) community/service area data to help design and deliver program services?

9  
PARTICIPATE IN  
PARTNERSHIPS

Does your program participate in partnerships with other agencies that target the diverse cultural groups in your service area/population?

2  
HAVE USED THE  
MANUAL

Have you used the MDPH *Making CLAS Happen* manual?

### Procedures on how to identify the culturally diverse communities

Excluding the two administrative supervisors, one (11%) reported having written policies or procedures within their programs/divisions that define how to identify the culturally diverse communities in their service areas; another indicated such a policy is still in draft form. Seven (78%) stated they do not have these policies or procedures within their programs/divisions.

### Collection of client satisfaction data to inform culturally and linguistically appropriate service (CLAS) delivery

Excluding the two respondents for whom this question did not apply, one (11%) consistently collects client satisfaction data to inform culturally and linguistically appropriate service (CLAS) delivery, while two sometimes collect these data.

### Procedures for considering cultural and linguistic differences in developing programs

Nine respondents reported not having policies or procedures for considering cultural and linguistic differences in developing programs or processes. However, two (18%) stated that they have policies in draft form.

### Use of REL data in program design and implementation

Excluding the two supervisors who do not serve external clients, two (22%) respondents reported using use race, ethnicity, and language (REL) service area data to help design and deliver program services all of the time and one reported using these data most of the time. Five respondents (56%) reported sometimes using REL data while one (11%) reported not using these data at all.

### Participation in partnerships

Excluding the two administrative supervisors, all nine respondents stated that they participate in partnerships with other agencies that target the same diverse cultural groups in their service areas.

### Use of *Making CLAS Happen*

Only two (18%) respondents reported using the Massachusetts Department of Public Health *Making CLAS Happen* manual.



# RECOMMENDATIONS

Based on the results of the cultural competency survey, the recommended actions below were developed to address gaps in workforce capacity. These recommendations can be integrated into existing policy review and workforce development efforts.

## Develop/update policies and procedures for:

1. The recruitment, retention, training, and promotion practices of diverse staff
2. Identifying diverse communities and their needs
3. Using race, ethnicity, and language (REL) community/service area data in delivering program services where available
4. Collecting client satisfaction data to inform culturally and linguistically appropriate service (CLAS) delivery where available
5. Considering cultural and linguistic differences in developing programs or processes

## Deliver trainings on the following topics:

1. Cultural competency
2. The Provision of timely professional interpreter services, at no cost, to all Limited English Proficiency (LEP) clients, including those clients who use American Sign Language
3. The Provision of Disability Access Notices to deaf or hard of hearing clients and clients with disabilities
4. The Provision of verbal and written notices about the right to language assistance services to English proficiency (LEP) or deaf or hard of hearing clients
5. The use of the Massachusetts Department of Public Health *Making CLAS Happen* manual