

REACH HEALTHCARE FOUNDATION  
& HEALTH CARE FOUNDATION  
CULTURAL COMPETENCY INITIATIVE  
THIRD YEAR EVALUATION REPORT  
November 2011

Prepared for:  
REACH Healthcare Foundation  
Health Care Foundation of Greater Kansas City








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**Printed November 30, 2011**

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**Preferred Citation:**

Resource Development Institute. (2011, November). *REACH Healthcare Foundation & Health Care Foundation Cultural Competency Initiative – Third Year Evaluation Report*. Kansas City, MO: Author.

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## Executive Summary

### Cultural Competency Initiative Third Year Evaluation Report

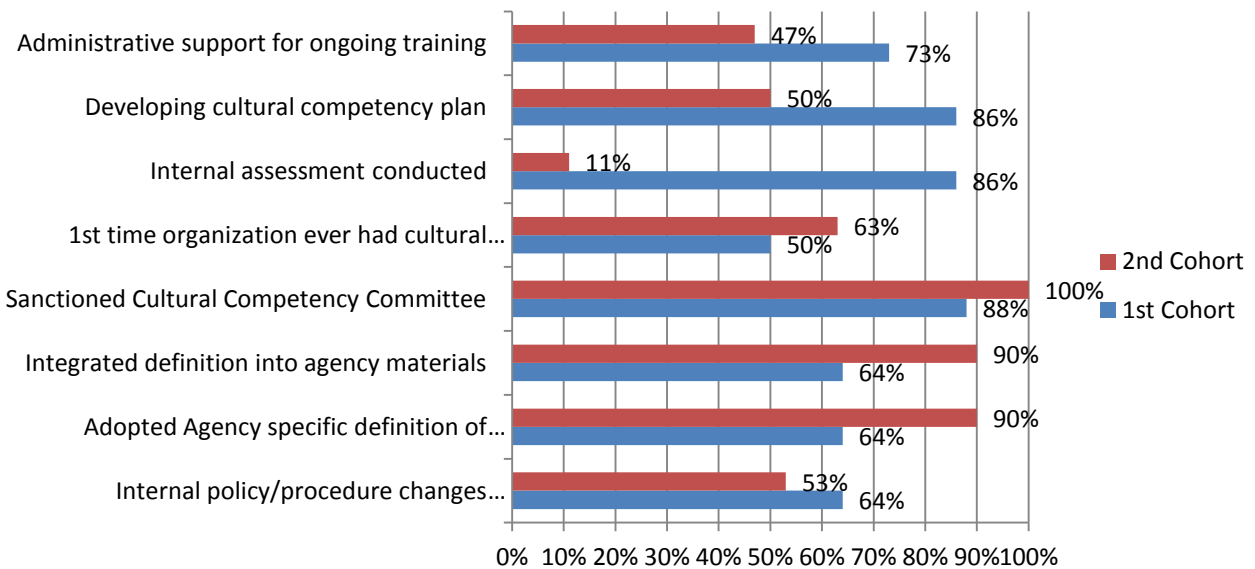
“The long-term goal of the Cultural Competency Initiative is a reduction in disparities in healthcare in the geographic service area the two Foundations serve.”<sup>1</sup> In measuring each of the projected outcomes, evaluators aggregated data from various sources (including: notes from observation of the Learning Community, minutes from steering committee meetings, intervention summaries from the consultants, interviews with recipients and the consultants, focus groups, and online surveys. It should be noted that at the time of the March 2011 online survey the first cohort of TA recipients had been receiving TA an average of nine months and at the time of the August 2011 online survey the first cohort had been receiving TA an average of fourteen months and the second cohort for five months. A summary of the findings for each of the projected outcomes is presented below.

#### Intermediate Outcomes One and Two

1. To increase organizational understanding of national best practices and encourage organizations to adjust their service delivery accordingly to meet the particular needs of the individuals, families, organizations and communities they serve;
2. To enable nonprofit health and human service providers to identify the needs and help-seeking behaviors of the individuals they serve;

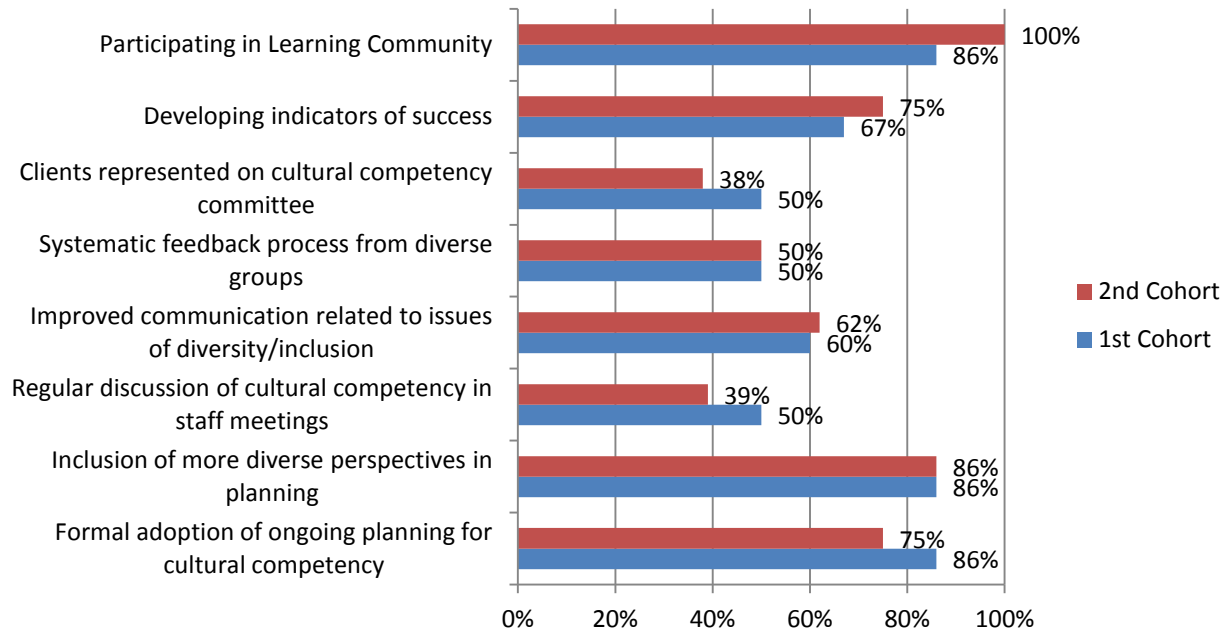
The indicators of success identified for these outcomes by the Cultural Competency Steering Committee during the formative evaluation process for focused on organizational policies / procedures; personnel’s attitudes, motivations, and skills; leadership support, planning, and the service design process; and direct services.

#### **Summary of findings relevant to changes in organizational policies and procedures**

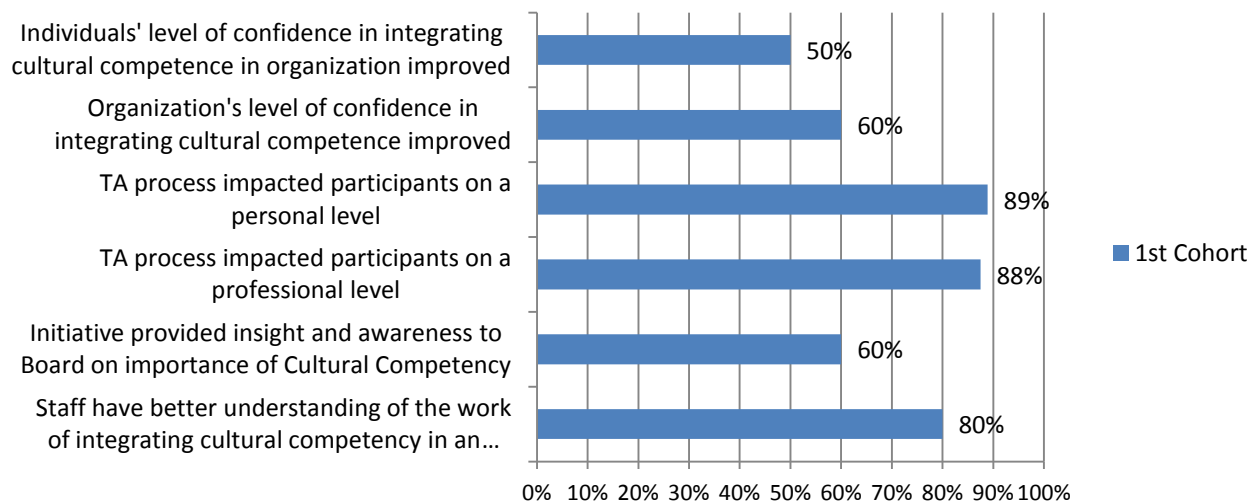
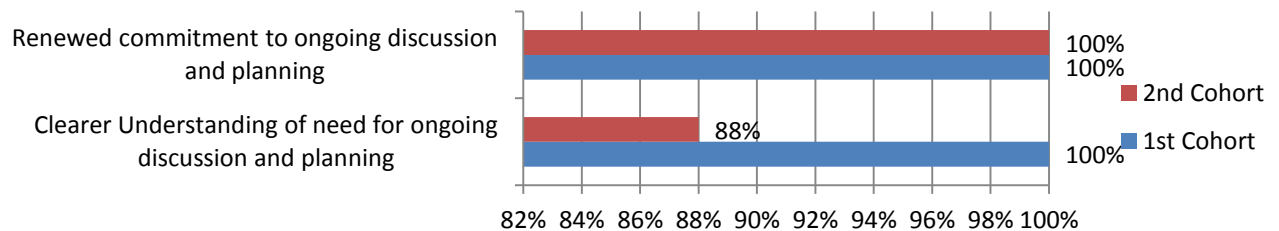


<sup>1</sup> Ibid

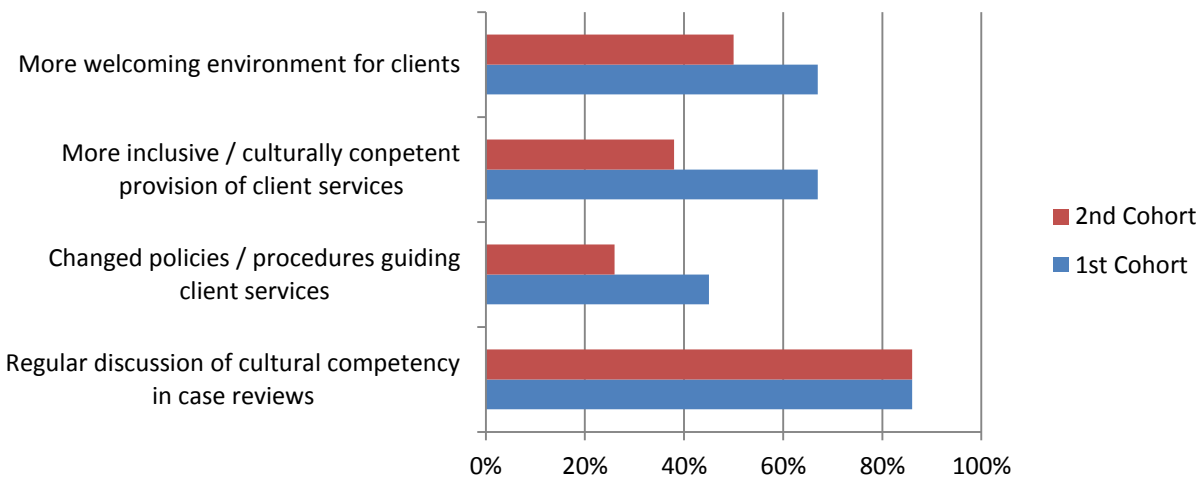
**Summary of findings relevant to changes in leadership support, planning, and the service design process**



**Summary of findings relevant to changes in personnel's attitudes, motivations, and skills**



### Summary of findings relevant to changes in direct services



“I am so, so glad that we have been afforded this opportunity to work with the consultants. They have helped move our organization forward and I am relieved to have them continue to work with us beyond the initial technical assistance award period. We have so much yet to do and having an objective, knowledgeable outside resource helping to guide us, train us, and give us perspective has proved invaluable. (TA recipient)”

### Intermediate Outcome Three

To engage other foundations in the Greater Kansas City area that share an understanding of cultural competency and seek their commitment to explore collaborative efforts in this area;

- The Health Care Foundation of Greater Kansas City (HCF) partnered with the REACH Healthcare Foundation in sponsoring/funding the Cultural Competency Initiative (allowing for expansion of the number of recipients of the technical assistance grants for 2011).
- The Initiative has sponsored two Kansas City area *Funder’s Forums on Cultural Competency*.
- The Jackson County Community Mental Health Fund and the Shumaker Family Foundation have indicated an interest in partnering in the sponsorship of the Initiative (allowing for expansion of the number of recipients of the technical assistance grants for 2012).

### Intermediate Outcome Four

To develop a stakeholder group that will identify priorities for future initiative activities.

- In April, 2009 the initiative established and sanctioned the Cultural Competency Steering Committee which includes active participation by REACH Healthcare Foundation Board



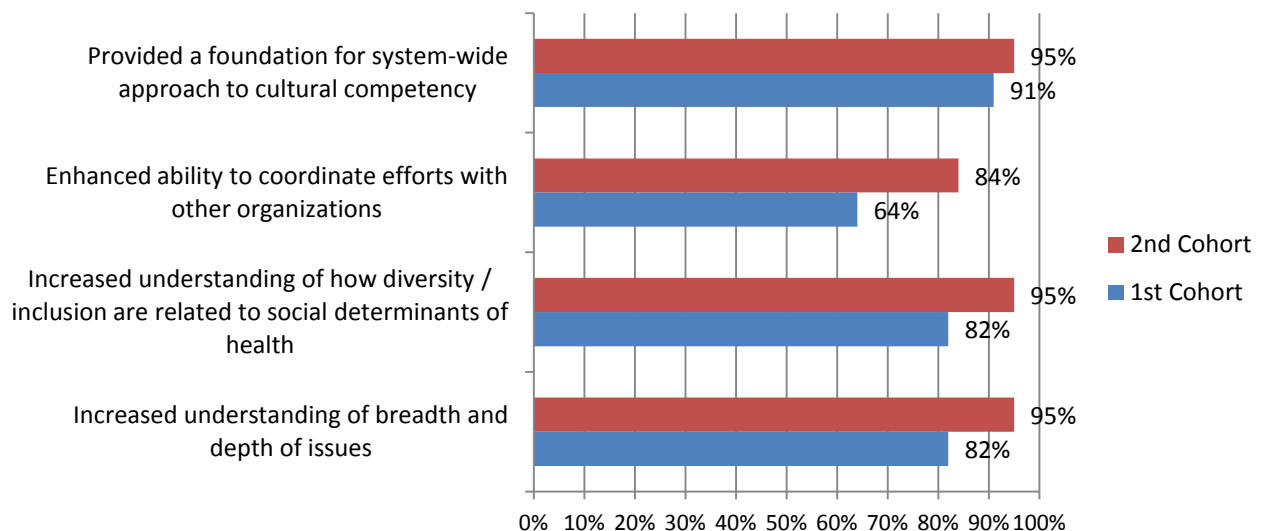
and staff members, Health Care Foundation of Greater Kansas City staff; representatives from the Office of Minority Health from the states of Kansas and Missouri; a representative of the Department of Health and Human Services Minority Health Regional Health Consultant for Region VII; and representatives of multiple area organizations and institutions which focus on cultural competency and inclusion. The Committee meets on a monthly basis.

- The Initiative Steering Committee adopted the definition for Cultural Competence.
- The Initiative Steering Committee developed a menu of indicators of cultural competency.
- The Initiative Steering Committee developed the criteria and procedures for offering community organizations the opportunity for technical assistance (TA) in the area of cultural competence (the first time this structure had been used by REACH).
- The Initiative Steering Committee reviews applications and makes recommendations to concerning which agencies should receive the TA.

### Intermediate Outcome Five

To establish a cadre of nonprofit leaders who will advance cultural competency beyond the life of this initiative.

The fifth objective of the Cultural Competency Initiative is to establish a cadre of nonprofit leaders who will advance cultural competency beyond the life of this initiative. A Learning Community made up of recipients (both first and second year) was established in 2010 and meets on a monthly basis.



REACH Healthcare Foundation  
and  
Health Care Foundation of Greater Kansas City  
Cultural Competency Initiative  
Third Year Evaluation Report  
November 2011

## Introduction

In 2008, the REACH Healthcare Foundation launched the Cultural Competency Initiative which “aims to increase understanding and practice of cultural competency in health and human service organizations in the Foundation’s six-county service area, with a long-term goal of reducing barriers that contribute to health disparities.”<sup>2</sup>

REACH “made an initial three-year commitment to the initiative with the intention that leadership development, training and technical assistance; implemented over three years will seed activities across the community that can sustain these efforts.”<sup>3</sup> The Health Care Foundation of Greater Kansas City joined the initiative in fall 2010, expanding the number of regional nonprofit organizations involved. The initiative focuses on policies, practices and internal structures that influence cultural competence within organizations.

## Initiative Goal and Anticipated Outcomes

“The long-term goal of the Cultural Competency Initiative is a reduction in disparities in healthcare in the geographic service area the two Foundations serve. Intermediate outcomes include:

1. To increase organizational understanding of national best practices and encourage organizations to adjust their service delivery accordingly to meet the particular needs of the individuals, families, organizations and communities they serve;
2. To enable nonprofit health and human service providers to identify the needs and help-seeking behaviors of the individuals they serve;
3. To engage other foundations in the Greater Kansas City area that share an understanding of cultural competency and seek their commitment to explore collaborative efforts in this area;
4. To develop a stakeholder group that will identify priorities for future initiative activities;
5. To establish a cadre of nonprofit leaders who will advance cultural competency beyond the life of this initiative.”<sup>4</sup>

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<sup>2</sup> REACH (2008) *Cultural Competency Initiative*. (Informational Handout – see Appendix A)

<sup>3</sup> Ibid

<sup>4</sup> Ibid

REACH contracted with a technical assistance team (Cultural Competency Consulting, LLC) led by Jose Reyes, Ed.D., L.P.C., a consultant and presenter on the topics of Diversity, Respectful Workplace, Cultural Competence and Human Relations. The consulting group provided technical assistance in the initial planning process for the initiative. Cultural Competency Consulting conducted an assessment of REACH's organizational policies and procedures regarding compliance issues related to diversity, cultural competence and inclusion and made recommendations to the REACH Board. They also conducted trainings with both the REACH Board of Directors and REACH staff; and assisted in the development of a stakeholder steering committee to advise the REACH foundation in moving the initiative beyond the planning phase.

As the initiative activities moved from the planning phase to implementation at the community level, Dr. Reyes and the consulting team continue to provide technical assistance to community organizations, helping program managers, organization executives and trustees address policies and practices that affect culturally competent provision of services and ultimately influence health outcomes.

## **Evaluation:**

The REACH Healthcare Foundation contracted with Resource Development Institute (RDI) to provide technical assistance in the development of an evaluation plan to conduct an evaluation of the Cultural Competency Initiative. RDI is a 501(c)3 non-profit organization, founded in 1950, that provides local and regional leadership in community development, applied social and behavioral research, and program evaluation. This report presents a third year implementation and progress evaluation report.

## **Evaluation Methodology**

The dual aim of the Cultural Competency Initiative evaluation is to assess ongoing project activities in order to identify ways to improve the Cultural Competency Initiative; and to assess the quality and impact of a fully implemented Cultural Competency Initiative on: 1) increasing organizational understanding of national best practices and encourage organizations to adjust their service delivery accordingly to meet the particular needs of the individuals, families, organizations and communities they serve; 2) enabling nonprofit health and human service providers to identify the needs and help-seeking behaviors of the individuals they serve; 3) engaging other foundations in the Greater Kansas City area that share an understanding of cultural competency and seek their commitment to explore collaborative efforts in this area; 4) developing a stakeholder group that will identify priorities for future initiative activities; and 5) establishing a cadre of nonprofit leaders who will advance cultural competency beyond the life of this initiative (summative evaluation). The evaluation encompasses both short-term and long-term goal assessment.

## Formative Evaluation

The formative evaluation began during the project's initial implementation and continued throughout the first three years of the project. Its intent is to assess ongoing project activities and provide information to monitor and improve the project. The purpose of implementation / process evaluation is to assess whether the project is being conducted as planned. The underlying principle is that before you can evaluate the outcomes or impact of a program, you must make sure all the essential elements of the program are in place and operating according to the proposed plan or description. The implementation/ process evaluation for the Cultural Competency Initiative provides program staff information that allows them to adjust and alter program components quickly throughout the years of the initiative.

During the first year of the initiative, both qualitative and quantitative data collection methods were used. Evaluation staff observed and participated in the first year planning process, as a member of the planning committee, providing an evaluation perspective to discussions, and working with other planning participants to develop evaluation plans for data collection and analysis for initiative components. Evaluators also observed and participated in the development of the stakeholder steering committee. In addition, evaluators observed the trainings conducted with the REACH Foundation Board and the Foundation Staff. Evaluators developed and conducted outcomes surveys for the two trainings as well as conducting a staff focus group and staff interviews. Finally, evaluators observed and participated in additional meetings with groups involved in related initiatives (i.e., the nursing retention initiative) and conducted secondary analysis of archival data (i.e., meeting minutes, policy recommendations, foundation marketing and promotional materials, etc.).

### *Summary of Formative Evaluation Results*

Based on recommendations from the initiative assessment, the REACH Healthcare Foundation Board of Directors approved and adopted a [Diversity and Inclusion Policy](#).

The *Cultural Competency Steering Committee* was established with the following members:

- Cathy Anderson, Jewish Vocational Services
- Lt. Commander Tracy Branch, U.S. Department of Health and Human Services
- Karen Dace, Ph.D., Deputy Chancellor, University of Missouri-Kansas City
- Micah Flint, Institute for International Medicine
- Randy Lopez, REACH Foundation Board of Directors
- Eve McGee, REACH Foundation Board of Directors
- Joseph Palm, Office of Minority Health, Missouri Department of Health and Senior Services
- Adriana Pecina, Health Care Foundation of Greater Kansas City
- Theresa Reyes-Cummings, Jackson County (Mo.) Community Mental Health Fund
- Carlos Salazar, United Way of Greater Kansas City
- Susan B. Wilson, Ph.D., University of Missouri-Kansas City, School of Medicine, Office of Cultural Enhancement and Diversity

To help guide the initiative, the Cultural Competency Steering Committee recommended and the REACH Foundation adopted the definition for **cultural competence** used by the [Office of Minority Health](#), U.S. Department of Health and Human Services:

“Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies 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 and their communities (Adapted from Cross, Bazron and Isaacs, 1989).”<sup>5</sup>

In discussions pursuant to adopting the definition, the Initiative Steering Committee agreed that the understanding cultural competence as an **ongoing** lifelong **process** was critical to the initiative’s success. Based on that understanding, the technical assistance offered to initiative grantees has been focused on facilitating **organizational and infrastructural change** in order to assist agencies and systems in their development of a sustainable organizational capacity to function effectively within the context of the changing cultural beliefs, behaviors, and needs presented by agency personnel, consumers and their communities.

Next, the initiative planning committee, with assistance from the Cultural Competency Steering Committee developed a process, criteria and procedures for offering community organizations the opportunity for technical assistance (TA) in the area of cultural competence focusing on policies, practices and internal structures that influence cultural competence within organizations. The process was adopted by the REACH Foundation with the Cultural Competency Steering Committee agreeing to review pre-screened applications for the technical assistance, and to make recommendations to the REACH Board Grants Committee (the first time this structure had been used by REACH).<sup>6</sup>

The first round of applications for technical assistance (TA) was collected and screened by REACH program staff in the fall of 2009. The Initiative Steering Committee reviewed the prescreened applications and made recommendations to the REACH Board Grants Committee concerning which agencies should receive the TA. Six first round applicants along with two schools of nursing from the Nurse Shortage Initiative supported by REACH and the Health Care Foundation of Greater Kansas City (HCF) were selected to participate in the Cultural Competency Initiative.

It is worth noting, the organizations selected to receive technical assistance varied greatly from each other in multiple ways. They ranged from organizations with only three staff members to organizations with hundreds of staff. They represented organizations providing direct services to: victims of domestic violence, children in residential care, people with mental health concerns,

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<sup>5</sup> Cross, T., Bazron, B., Dennis K., & Isaacs, M., (1989). *Towards A Culturally Competent System of Care Volume I*. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center

<sup>6</sup> See: Resource Development Institute (Sept. 2009). *REACH Healthcare Foundation Cultural Competency Initiative First Year Evaluation Report*, Kansas City, MO: Author, for more detail.

and people seeking safety net medical care; as well as a funding organization, and several college and university departments/schools. They also represented non-profit organizations, for-profit organizations, a county government funder, and both county and state institutions of higher education in two states. Finally, they presented a wide variety of cultural competency need and an equally wide variety of historical context and past attempts to address those needs.

The eight organizations started receiving TA in the spring of 2010. In addition, they started participating in the Cultural Competency Learning Community. Meeting monthly, the Learning Community was established by the initiative to facilitate discussion and shared learning among the TA recipients.

RDI evaluators facilitated a focus group with the Initiative Steering Committee in 2010. The Committee members identified a list of indicators they would look for in a *culturally competent organization*. The identified indicators were grouped into five categories: 1) Policies; 2) Procedures; 3) Planning / Service Design; 4) Organizational Leadership / Support; and 5) Direct Services. The indicators were presented to the REACH Board in June 2010 (See Appendix B).

Evaluators conducted a second focus group with the Initiative Steering Committee to identify lessons learned from the first year's TA application process (see Appendix C). The results of that focus group guided the Committee's review and refinement of the criteria and process for offering community organizations the opportunity for technical assistance (TA). The Committee's subsequent recommendations for adjusting the *Request for Technical Assistance* for the next round of initiative TA were submitted to, and adopted by the REACH staff and Grants Committee.

The second round of applications for technical assistance (TA) was collected and screened by REACH program staff in the fall of 2010. The Initiative Steering Committee once again reviewed the prescreened applications and made recommendations to the REACH Board Grants Committee concerning which agencies should become part of the initiative, receive TA from Cultural Competency Consulting, and become part of the Cultural Competency Learning Community in 2011.

Eight additional organizations started receiving TA in the spring of 2011. In addition, they joined the first group in participating in the Cultural Competency Learning Community. Their addition to the facilitated discussions added a new dimension to the sharing of what is being learned by both the TA recipients and the community at large.

This second group selected to receive technical assistance varied just as greatly from each other and from the organizations in the first group in size, scope of services, cultural competency need, and past attempts to address those needs.

## Progress Evaluation

A progress evaluation plan was developed during the first year of the initiative (formative stage) with the purpose of collecting information to determine what the short term and intermediate impact of the initiative activities and strategies is on participants, provider organizations, or foundations at various stages of the intervention. It involves collecting information to learn whether or not the (leading) indicators of progress (identified during the formative stage by the initiative steering committee – see below) are met and to point out unexpected developments. If the data collected as part of the progress evaluation fail to show expected changes, the information can be used to fine tune the initiative and/or evaluation plan. Data collected as part of a progress evaluation can also contribute to, or form the basis for, the summative evaluation.

## Data Collection:

Both qualitative and quantitative data collection methods have been used throughout the three years of the reporting period.

- Process observation and participation - RDI evaluation staff have:
  - Observed and participated in the yearly planning process, as a member of the planning committee, providing an evaluation perspective to discussions, and working with other planning participants to develop evaluation plans for data collection and analysis for initiative components;
  - Observed and participated in the development of the steering committee, and attends ongoing steering committee meetings;
  - Observed and participated in the development of the initiative learning community, and attends ongoing initiative learning community meetings;
  - Observed random sessions between technical assistance (TA) consultants and TA recipients; and
  - Observed and participated in additional initiative meetings with other stakeholder groups throughout the initial three-year initiative period (i.e., funders' forum, pre-bid request for technical assistance meeting (RFTA), stakeholder Board meetings, etc.).
- Conducted secondary analysis of archival data (i.e., meeting minutes, policy recommendations, summary notes from the technical assistance consultants, grantee marketing and promotional materials, grantee websites, etc.)
- Developed and conducted individualized organizational assessment / climate surveys with individual TA recipient organizations to assist in their planning process (See Appendix D for sample survey);<sup>7</sup>
- Conducted focus groups with the initiative steering committee;
- Conducted a lessons learned focus group with the first group of TA recipients and facilitated a discussion between the first and second groups of TA recipients during a learning community meeting in March 2011 (this was approximately 9 months into the technical assistance for the first group due to delays in getting contracts between the agencies and REACH in place);

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<sup>7</sup> RDI evaluators analyzed each organizational climate survey, conducting frequencies, measures of central tendency, and content analysis and provided each organization and the TA consultants with the results.

- Developed and conducted an online survey with the first group of TA recipients in March of 2011(See Appendix E);
- Developed and conducted a follow-up online survey with the both the first and second groups of TA recipients in August 2011(See Appendix F); and
- Conducted interviews with representatives of TA recipients and with TA providers.

## Analysis:

Data collected using the various methods described above was aggregated and compiled in a central database at RDI for analysis. Analysis included *content analysis* of all qualitative data (resulting from document review, focus groups, interviews, and open ended survey questions), using open and axial coding, to identify common themes, insights, and perspectives. The SPSS data analysis software package was used to conduct frequencies, measures of central tendency, and t-tests on the quantitative data from outcome surveys. The resulting aggregated data was then compared to the initiative progress (leading) indicators.

## Evaluation Framework

Guided by the four key areas highlighted in the initiative’s definition for cultural competence: 1) ***congruent***, 2) ***behaviors***; 3) ***attitudes***; and 4) ***policies***; the intermediate (leading) indicators identified by the Cultural Competency Steering Committee during the formative evaluation process focused on 1) changes in policies / procedures; changes in attitudes, motivations, and skills; changes in leadership support, planning, and the service design process, and changes in the provision of direct services.

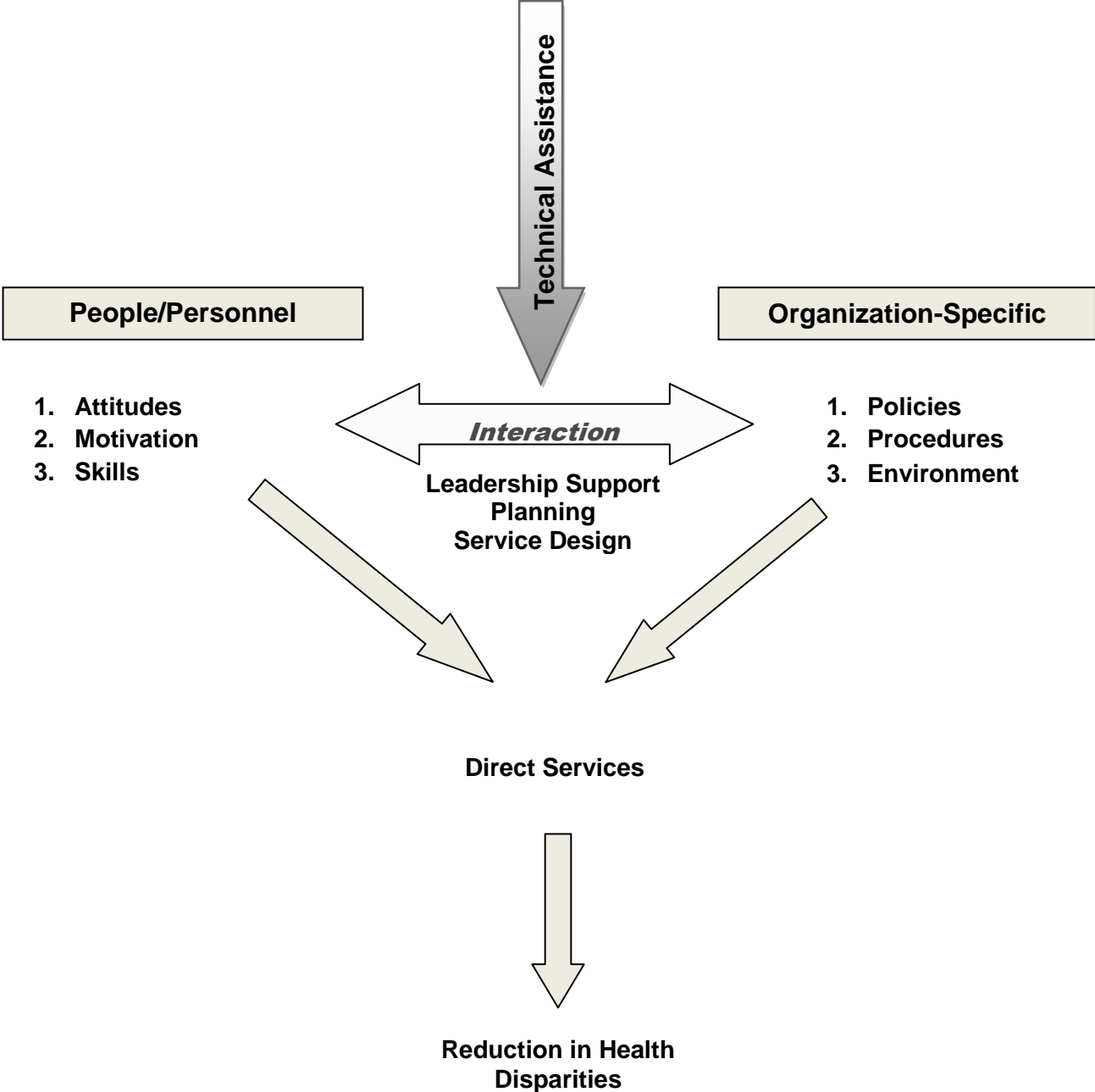
Evaluators applied an ecological perspective which focuses on the continuous interaction and transactions between agency personnel and agency policies, in the development of an evaluation framework in part because the point of intervention by the consults was focused on the work of each organization’s equivalent of a cultural competency committee structure. This framework also allowed for the flexibility required in assessing such a wide variety of groups participating in the initiative and receiving technical assistance.

The consultants focused much of their technical assistance on helping build each agency’s cultural competency committee’s capacity to facilitate organizational and infrastructural change in order to assist the organization in their development of a sustainable organizational capacity to function effectively within the context of the changing cultural beliefs, behaviors, and needs presented by agency personnel, consumers and their communities.

The selection of the evaluation framework was discussed with both the Steering Committee and Learning Community in September and October of 2011. A summary of the aggregated results are presented within the context of that evaluation framework in the following sections.



# Cultural Competency



## Summary of Progress Evaluation Results

In measuring each of the intermediate indicators, evaluators aggregated data from all the various sources (including: notes from observation of the Learning Community, minutes from steering committee meetings, intervention summaries from the consultants, interviews with recipients and the consultants, focus groups, and online surveys. It should be noted that at the time of the March 2011 online survey the first cohort of TA recipients had been receiving TA an average of nine months and at the time of the August 2011 online survey the first cohort had been receiving TA an average of fourteen months and the second cohort for five months.

### Intermediate Outcomes One and Two

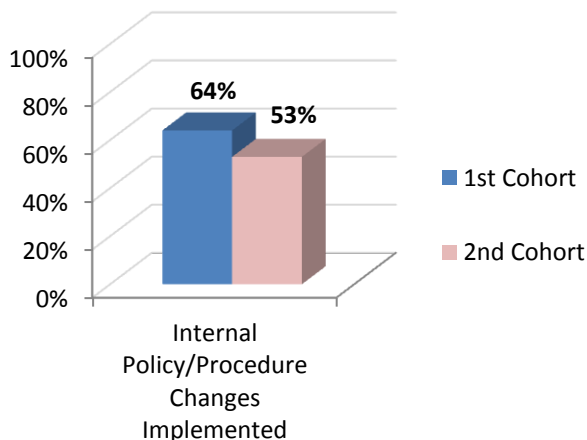
3. To increase organizational understanding of national best practices and encourage organizations to adjust their service delivery accordingly to meet the particular needs of the individuals, families, organizations and communities they serve;
4. To enable nonprofit health and human service providers to identify the needs and help-seeking behaviors of the individuals they serve;

#### Organization-Specific

**Indicator 1** = Degree to which new ways of working toward diversity / inclusion match the organization's overall goal and operations

#### *Changes in Policy / Procedures:*

As part of the technical assistance provided to grantee organizations, an assessment of organizational policies and procedures regarding compliance issues related to diversity, cultural competence and inclusion are conducted and recommendations are made to the organization. Whether or not those recommendations led to changes in internal policies and procedures was one measurement of indicator 1.



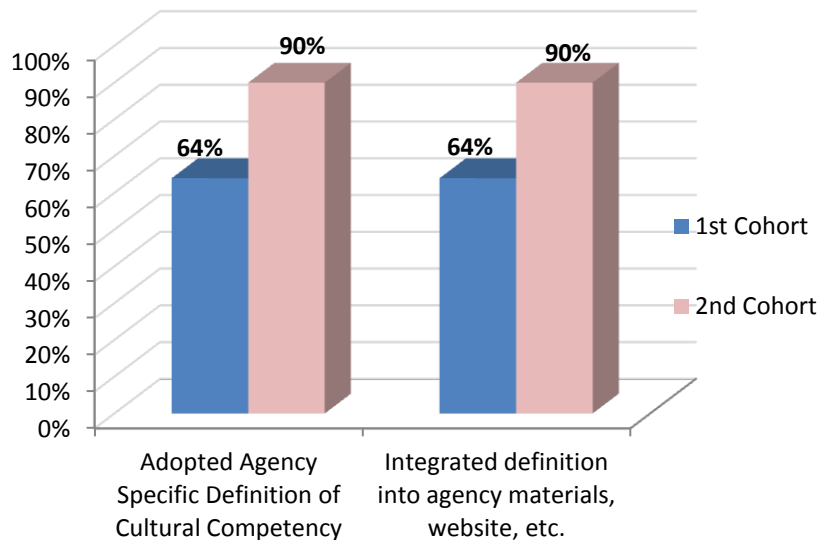
Assessment and recommendations have been made to 100% of the first cohort and 50% of the second cohort TA recipients.

Of those organizations that received recommendations, 64% of the first cohort and 53% of the second cohort of TA recipients reported that internal policies and/or procedural changes had been implemented.

*Development of an organization-specific definition of cultural competency:*

Another part of the technical assistance provided to the grantees involves assisting the organization in the development of a definition of cultural competency which is specific to the organization and fits within their overall goals and operations. The adoption of their own definition is considered an indicator that the organization has started taking ownership of cultural competency process and sees a clear fit between the initiative and their organizational goals and mission.

At the time of this report, 64% of the first cohort of TA recipients and 90% of the second cohort had adopted agency specific definitions of cultural competency and integrated the definition into their agency materials, websites, etc.

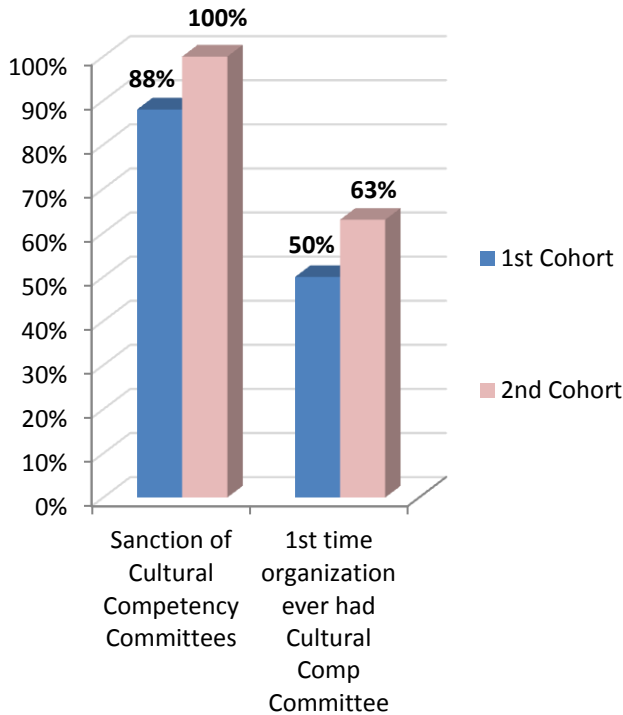


It should also be noted that two of the organizations have started the process of revising their agency mission statement as a direct result of discussions around the development of an agency definition of cultural competency.

**Indicator 2** = Degree to which organizational operations support new diversity/inclusion activities.

*Sanction of a cultural competency committee:*

One important measure of an organization's support of efforts to be culturally competent is the development and official sanction of a cultural competency committee.



Eighty-eight percent of the first cohort and 100% of the second cohort of TA recipients have established and officially sanctioned a cultural competency advisory committee.

For 50% of the first cohort and 63% of the second cohort indicated that this is the **first time** the organization has **ever** had such a committee. Examples include:

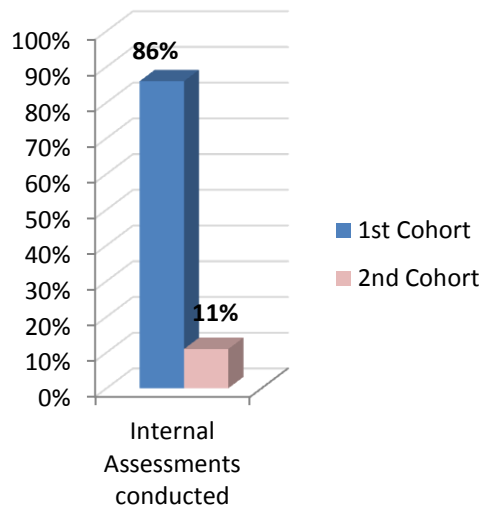
- The UMKC School of Dentistry which established a first ever cultural competency committee – had the committee charge and sanction written into a new 5-year school strategic plan – and are making plans for an Office of Cultural Competency
- The Jackson County Community Mental Health Fund Board made policy changes to establish the first ever external advisory committee in its 30 year history to serve as a *cultural competency advisory committee*.

*Internal cultural competency climate survey:*

Another measure of an organization’s support of efforts to be culturally competent is the development and conduct of an internal cultural competency organizational survey.

Eighty-eight percent of the first cohort and 11%\* of the second cohort of TA recipients planned; developed internal support; and conducted a climate survey. \* (several 2<sup>nd</sup> cohort recipients were preparing for the assessment at the time of this report).

- This was the **1st** such survey ever **conducted** at 33% of the organizations that completed the survey; and
- This was the **1<sup>st</sup>** such survey conducted in **20 years** for one agency.
- Another 33% of the agencies had response rates of over **10 times** as many agency personnel as they had gotten in similar surveys conducted in the past.



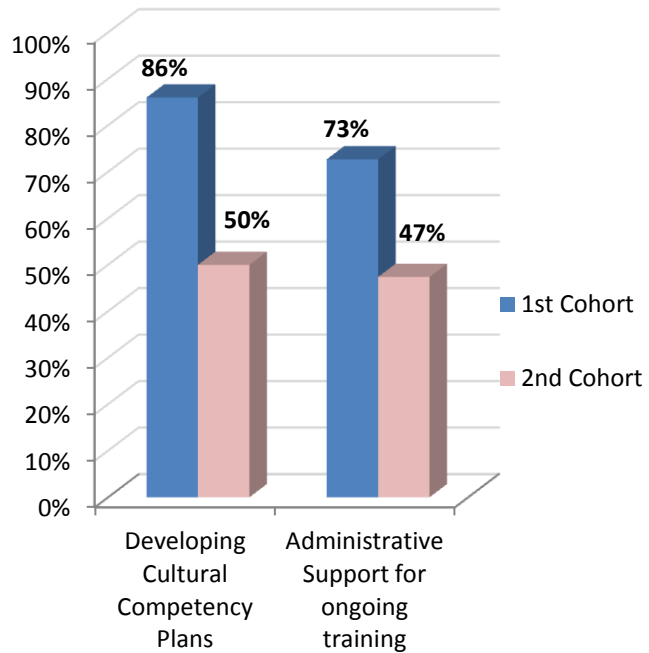
*Cultural competency plans and support for ongoing training:*

Other measures of an organization’s support of efforts to be culturally competent include the development of cultural competency plans and administrative support of ongoing training.

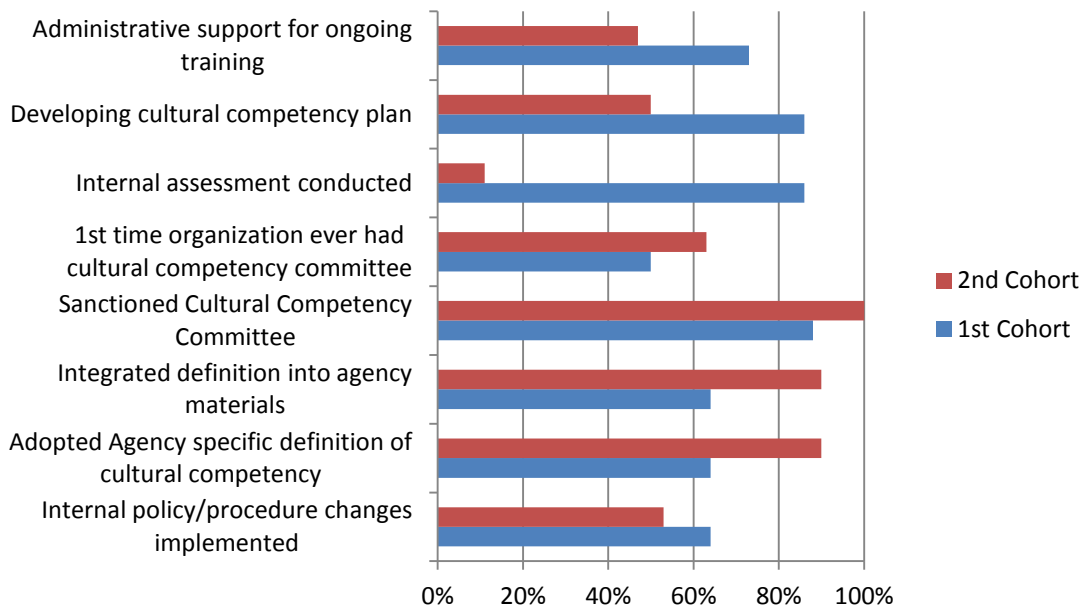
Eighty-six percent of the first cohort and 50% of the second cohort of TA recipient organizations report they are actively developing agency specific cultural competency action plans.

Seventy-three percent of the first cohort and 50% of the second cohort of TA recipient organizations report administrative support for ongoing training.

When asked to give examples of how participating in the cultural competency initiative has impacted the provision of client services one agency indicated that their on-going and new employee training are lacking, and they are working on a plan to address this and will implement it.



Summary of Organizational-Specific Findings

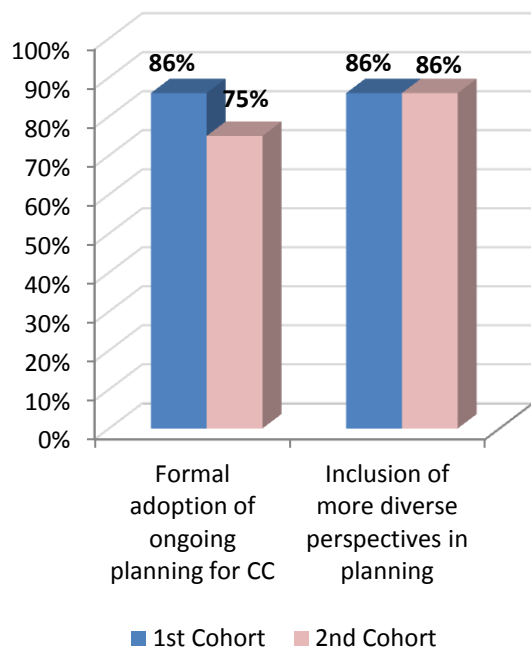




**Indicator 1** = Degree to which leaders, decision-makers champions, personnel and staff are actively engaged in the ongoing diversity/inclusion activities.

*Adoption of ongoing cultural competency planning and inclusion of diverse perspective in planning:*

One measure of the degree of engagement in the ongoing diversity/inclusion activities is whether the organization has formally adopted the process for ongoing discussion and planning for cultural competency / inclusion. Another measure is whether the organization includes diverse perspectives in their planning for cultural competency / inclusion.



Eighty-six percent of the first cohort and 75% of the second cohort of TA recipient organizations report that receiving cultural competency technical assistance has impacted their organization through the formal adoption of a process for ongoing discussion and planning for cultural competency / inclusion.

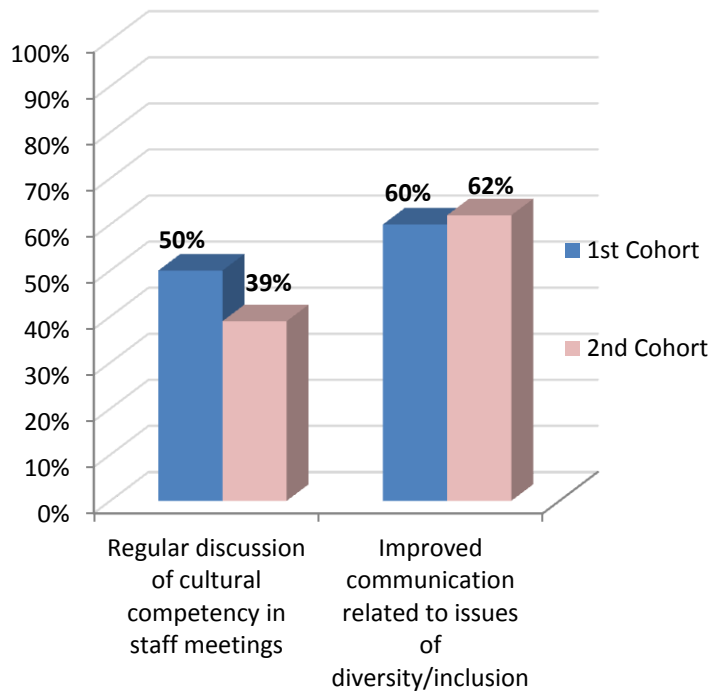
Eighty-six percent of both the first and second cohort organizations report that receiving cultural competency technical assistance has impacted their organization through the inclusion of more diverse perspectives in their planning for cultural competency / inclusion. One hundred percent of the organizations indicated that having diverse representation on the committee made a difference in implementing the initiative

*Discussion of cultural competency in staff meetings and improved communication related to issues of diversity/inclusion:*

Additional measures of the degree of engagement in the ongoing diversity/inclusion activities are whether cultural competency is a regular topic of discussion in organizational staff meetings, and whether there is improved communication related to issues of diversity/inclusion.

Fifty percent of the first cohort and 39% of the second cohort of TA recipient organizations report that receiving cultural competency technical assistance has impacted their organization by leading to the regular discussion of cultural competency in staff meetings

Sixty percent of the first cohort and 62% of the second cohort of TA recipient organizations report that receiving cultural competency technical assistance has impacted their organization through improved communication related to issues of diversity / inclusion among organizational personnel



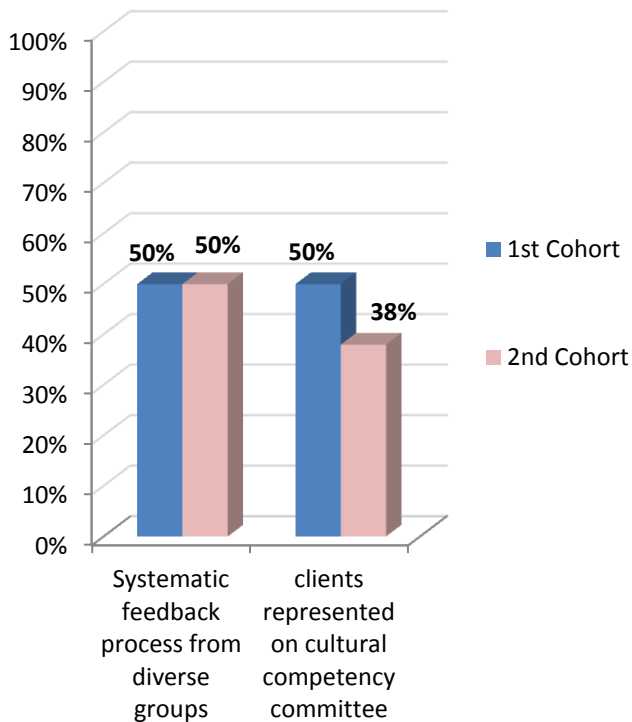
When asked to give examples of how participating in the cultural competency initiative has impacted their organization, an example of responses included:

- It has also allowed discussions to happen at my organization that desperately needed to happen and need to continue to happen.
- The organization seems more open to discussing how we interact with each other and how important it is to meet people where they are at and be in partnership with the people we serve.
- The staff, as a whole, seem to be having conversations previously avoided or seen more as taboo.
- We are having discussion openly on all levels now

**Indicator 2** = Degree to which a formal feedback process is established

*Systematic process for seeking information and feedback from all diverse groups and client representation on the organizational cultural competency committee:*

Two measures of the degree to which a formal feedback process is established are whether the organization has a systematic process for seeking information and feedback from all diverse groups and whether there is client representation on the organization's cultural competency committee.



Fifty percent of both the first and second cohort organizations report that receiving cultural competency technical assistance has impacted their organization by leading to the development of a more systematic process for seeking information and feedback from all diverse groups served by their organization.

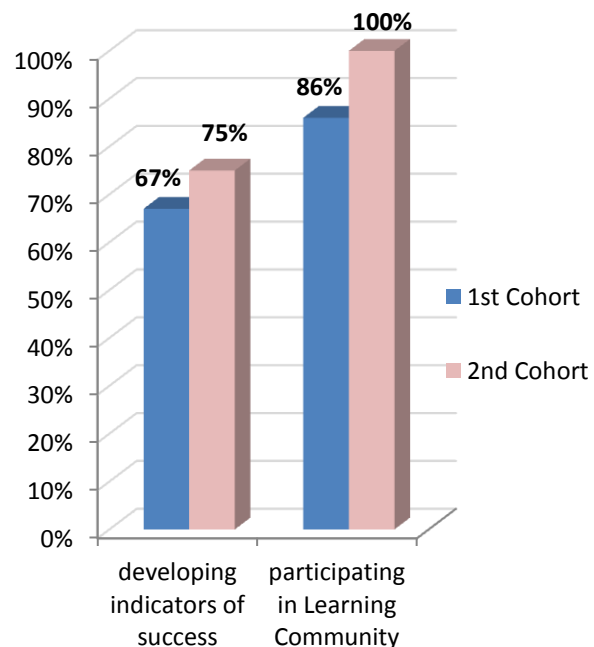
Fifty percent of the first cohort and 38% of the second cohort of TA recipient organizations indicated that clients are represented on their cultural competency committee.

*Indicators of success and participation in the Learning Community:*

Other measures of the degree to which a formal feedback process is established include the development of indicators of success and the organization’s participation in the Cultural Competency Learning Community where they can receive feedback from community partners.

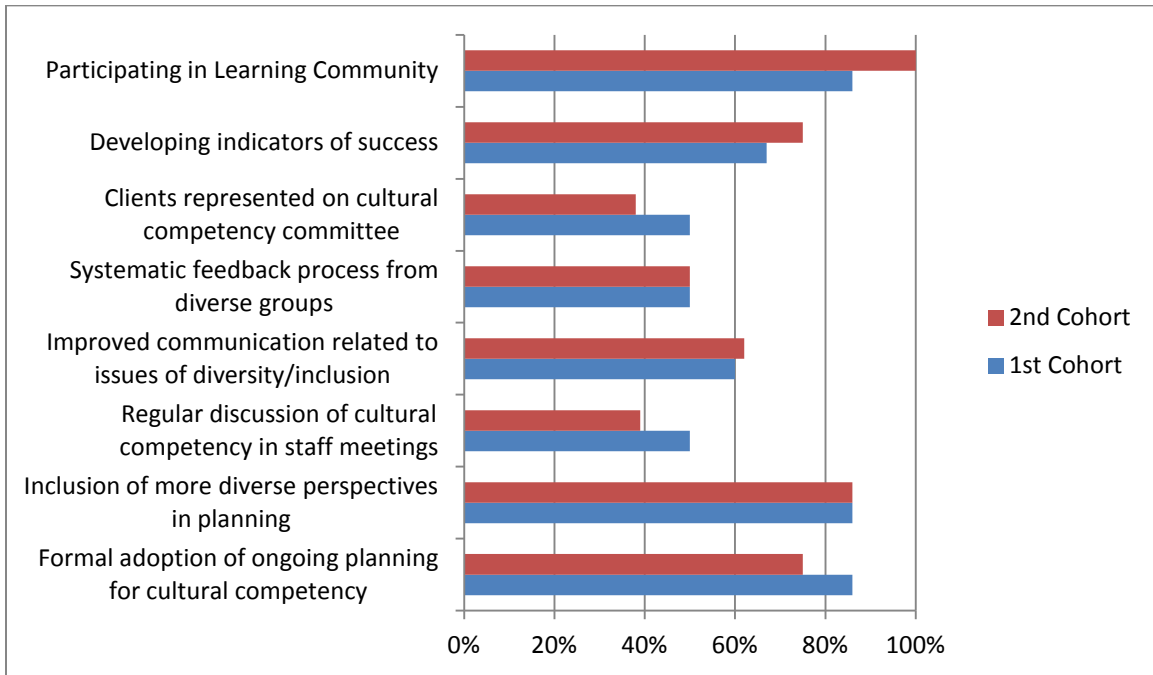
Sixty-seven of the first cohort and 75% of the second cohort of TA recipient organizations are actively working on identifying indicators of success, in order to track future progress on their efforts to become culturally competent.

Eighty-six percent of the first cohort organizations continue to participate in the Cultural Competency Learning Community even though the commitment to participate as a part of receiving the TA ended after the first year.





### Summary of Interaction Findings

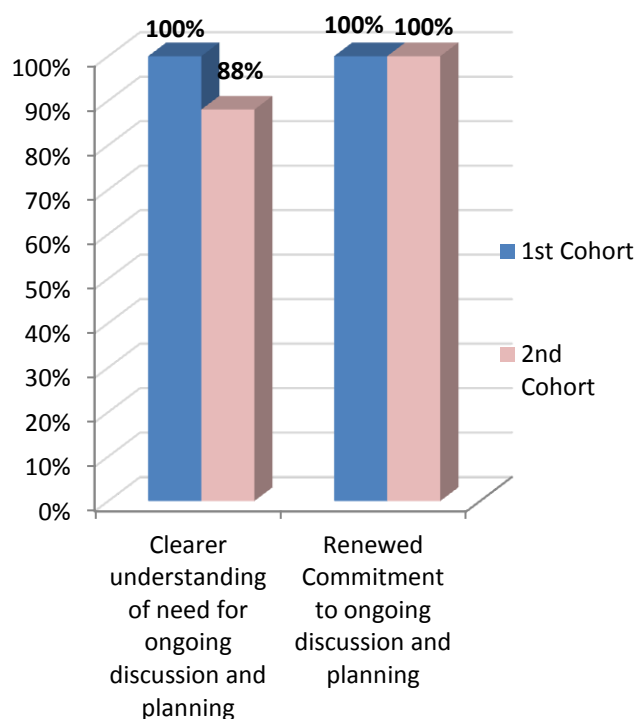


**People/Personnel**

**Indicator 1** = Degree to which leaders, decision-makers champions, personnel and staff acknowledge the value of the ongoing diversity/inclusion activities.

*Clear understanding of need for and renewed commitment to ongoing discussion and planning for cultural competency / inclusion:*

Two measures of whether personnel and staff value ongoing diversity/inclusion activities include their understanding of the need for and commitment to ongoing discussion and planning around cultural competency / inclusion and their.



One hundred percent of the first and 88% of the second cohort organizations report that receiving cultural competency technical assistance has impacted their organization by helping the personnel develop a clearer understanding of the need for ongoing discussion and planning around cultural competency / inclusion.

One hundred percent of both first and second cohort organizations report that receiving cultural competency technical assistance has resulted in a renewed commitment on the part of personnel to ongoing discussion and planning for cultural competency / inclusion.

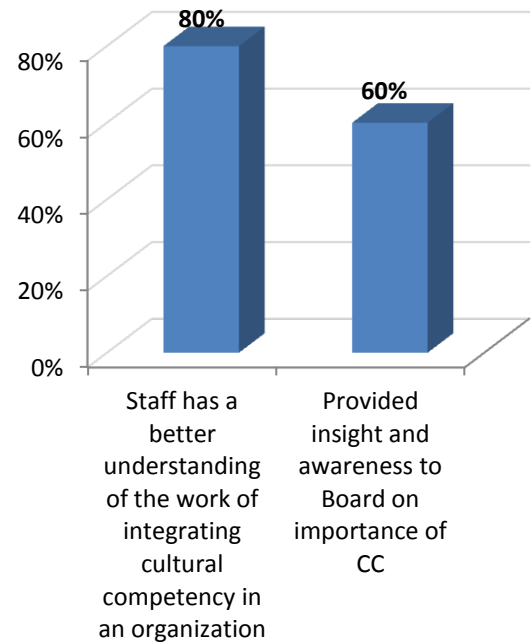
The following results are based on the survey conducted with first cohort of recipient organizations after an average of **nine months** of receiving TA.

*Understanding the work of integrating cultural competency and the Board’s awareness of the importance of cultural competency:*

Additional measures of whether personnel value ongoing diversity/inclusion activities include understanding the work of integrating cultural competency in an organization and their Board’s insight and awareness on the importance of cultural competency in providing service.

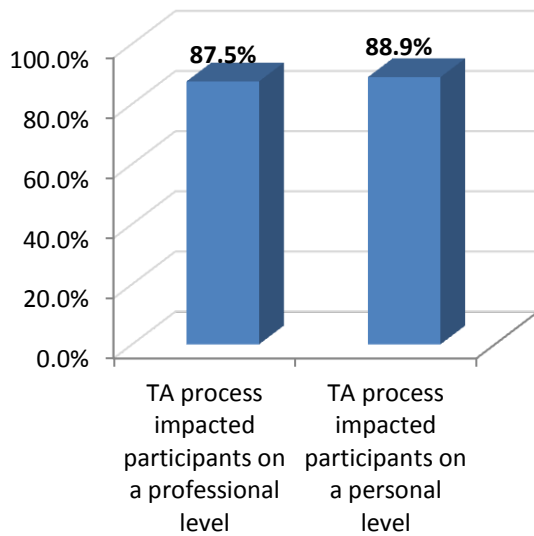
80% of the organizations reported their staff having a better understanding of the work of integrating cultural competency in an organization.

60% of the organizations reported that the initiative provided insight and awareness to their Board on the importance of cultural competency in providing service.



*Impact of TA on professional and personal levels:*

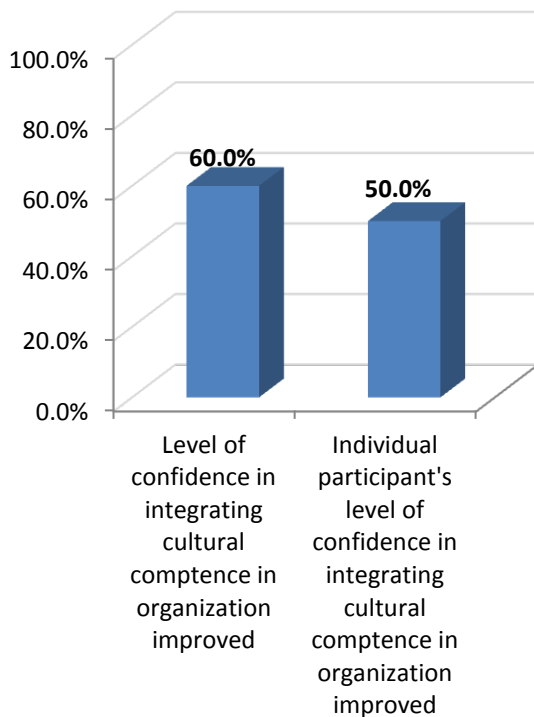
Whether the technical assistance process has had a professional and personal impact on the individuals involved reflect two more measures of whether personnel value ongoing diversity/inclusion activities.



87.5% of the individuals who responded to an evaluation survey reported that the TA process impacted them at a professional level and 88.9% at a personal level.

*Level of organization's and individual's confidence in integrating cultural competence in their organization:*

Whether the technical assistance process has improved the organization's and individual's levels of confidence in integrating cultural competence in the organization represent additional measures of whether personnel value ongoing diversity/inclusion activities.



60% of the organizations reported an overall improvement in the level of confidence in integrating cultural competence in their organization.

50% of the individuals who responded to survey reported a personal improvement in their level of confidence in integrating cultural competence in their organization.

*Readiness:*

Respondents were asked to rate their organization's readiness to work on cultural competency issues both prior to receiving the Initiative's Technical Assistance and at the time of the survey (average of nine months into the provision of technical assistance).

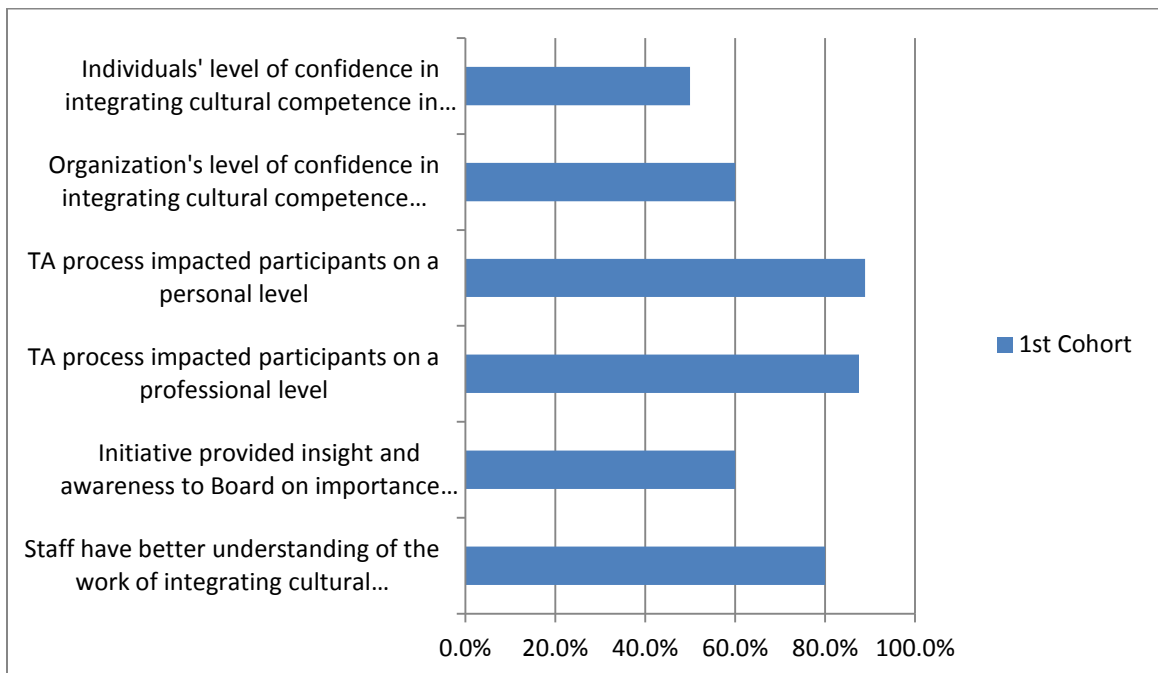
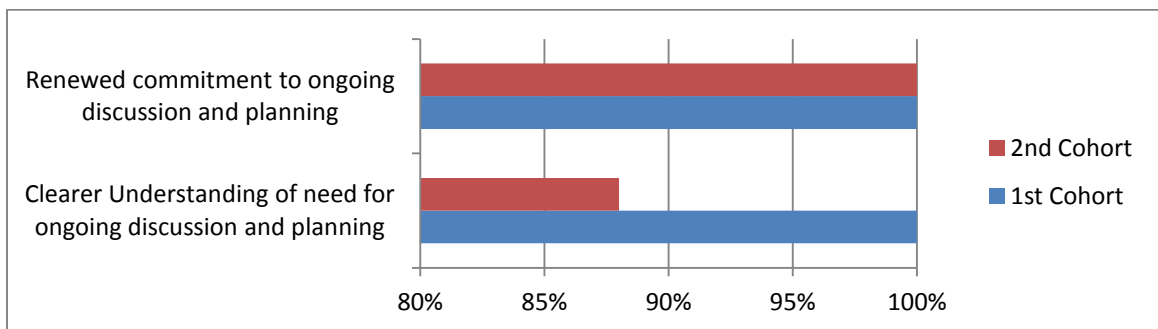
	Mean	Std D	t	p
Rate your organization's readiness to work on cultural competency issues and integration <b>at the beginning of the Technical Assistance</b>	3.0	.89443	4.000	.016*
Rate your organization's readiness to work on cultural competency issues and integration <b>now</b>	4.6			

\*Statistically Significant at the 95% level ( $p < .05$ ).

When asked to give examples of how participating in the cultural competency initiative has impacted the provision of client services, the following were responses related to the People/Personnel indicators.

- “Staff are more aware of how they are being with the people they serve every day.”
- “Because of your services the staff within my organization are exploring and reflecting on their own biases and essentially shifting how we perceive and or act toward the client.”
- “It has made people aware of differences.”
- “The initiative has allowed the staff the opportunity to view cultural competence as an enhancement toward better services and being competitive versus checklist training.”
- “It has brought increased awareness and accountability for levels of management and the individual.”

### Summary of People/Personnel Findings

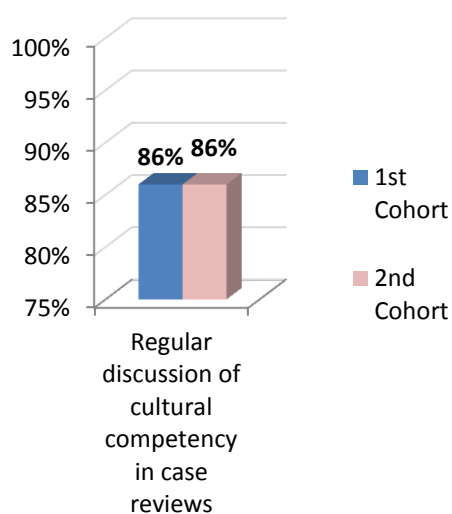


## Direct Services

**Indicator 1** = Degree to which personnel and staff respect all people and assess services based on cultural beliefs and needs of the client.

*Discussion in case reviews:*

One measure of whether organizational personnel and staff demonstrate respect all people and assess services based on cultural beliefs and needs of the client at the direct service level is whether there is regular discussion of cultural competency in case reviews.



Eighty-six percent of both first and second cohort organizations report that receiving cultural competency technical assistance has resulted in regular discussion of cultural competency in case reviews.

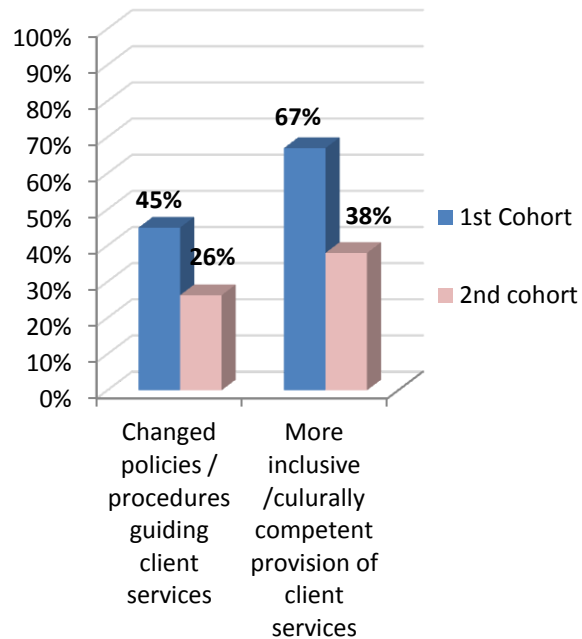
“We have made discussion of cultural competency a regular part of monthly board and staff meetings- made cultural competency a core value.”

*Policies guiding client services and inclusive / culturally competent provision of services:*

Two additional measures whether organizational personnel and staff demonstrate respect all people and assess services based on cultural beliefs and needs of the client at the direct service level is whether the TA has resulted in changes in policies / procedures guiding client services and whether personnel report the more inclusive / culturally competent provision of services.

Forty-five percent of the first and 26% of the second cohort organizations reported changing policies and /or procedures guiding the provision of client services as a result of receiving TA.

Sixty-seven percent of the first and 38% of the second cohort organizations report that receiving cultural competency technical assistance has lead to more inclusive / culturally competent provision of client services.



Examples of changes at the direct service level include:

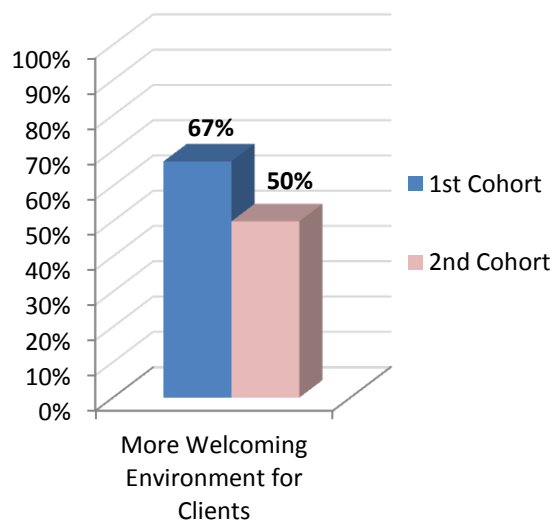
- *Spofford* revised their clinical assessment process to be more culturally appropriate
- *UMKC School of Dentistry* created eight scholarships (1st ever) for minority students; established a partnership with a High School primarily serving minority students to provide free dental services and recruit new students; and are moving toward changing their cultural competency committee to an Office of Diversity.
- *The Jackson County Community Mental Health Fund* created their 1<sup>st</sup> ever (in 30 year history) community advisory committee for cultural competency; and changed the way they do site visits to be less *proprietary* based on a new understanding of privilege
- *restart* changed shelter procedures on how they work with transgendered individuals implemented a new procedure that reserves a certain number of lower bunks for seniors and report being more inclusive in terms of religious accommodations.
- *Children’s Place* changed the way they interact with families to be more culturally appropriate

When asked to give additional examples of how participating in the cultural competency initiative has impacted the provision of client services, examples of responses (direct quotes) include:

- “Our diversity committee has completely restructured itself and is just implementing this new structure. I have high hopes for the working committees formed. Our managers have also integrated issues of inclusion into their meetings and I think this is vitally important to the organization. I still see room for growth between the management team and the diversity committee but I also think we've come a long way.”
- “The open discussion around cultural competency and diversity, has moved our dental school to a point where actual strategies and policies are being put in place to effect and sustain positive change.”

- “Discussions around perceived and actual differences in the treatment and behavior towards diverse individuals has encouraged students/staff and faculty to examine themselves and make a conscious effort towards improvement.”
- “What has happened is we are learning how we were not providing the level of service we thought we were.”
- “Identification of growth areas and current strengths of the organization to better serve our target audience.”
- “The agency has experienced practical changes and skimmed the surface on in-depth work cultural influences.”
- “We now think more about how our services will be perceived and received by clients and consider this to be part of best practice.”
- “I can't give specific examples yet because we haven't been meeting that long, and we still have a long way to go. I have a rather steep learning curve before I feel comfortable with cultural competency.”
- “I feel that we are still in the beginning stages of this effort and it has not translated into action in many areas.”
- “The agency has experienced practical changes and skimmed the surface on in-depth work on cultural influences. It is a complex issue but the consultants have managed it with gracious professionalism as we reveal ourselves to ourselves. They have helped us manage the organizational and individual component in a unique manner compared to our efforts in the past.”
- “This is an area that we are still working on. It is extremely important and we have begun trainings and started conversations with the staff.”
- “We're still working on the individual/organizational level, so efforts have not yet effected service provision in a systematic way.”
- “We are not far enough long in the cultural competency initiative to make direct correlation between changes in our processes and the impact to client services. We intend to assess client services through a survey which would be completed immediately after receiving services.”

**Indicator 2** = Degree to which the physical environment of the organization is accessible, inviting and professional to all diverse group of clients and staff



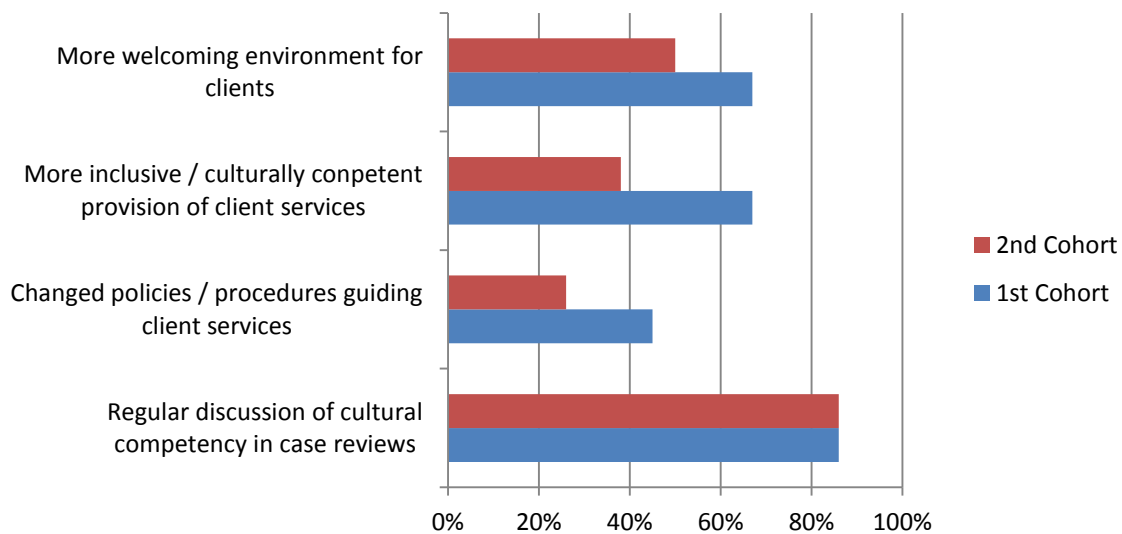
Sixty-seven percent of both first and 50% of the second cohort organizations report that receiving cultural competency technical assistance has resulted in a more welcoming environment for clients.



**Indicator 3** = Degree to which informational materials are translated and language / communication issues are addressed to meet the needs of diverse client population.

Only one recipient organization reported an impact at the direct services level for this indicator. Cabot Health Clinic’s direct service staff and prior to the TA, they “assumed” bi-lingual staff were able to interpret. After receiving the first ever staff training on “translation” and “medical terminology” the organization reported improved interpretation.

Summary of Direct Service Findings



### Intermediate Outcome Three

To engage other foundations in the Greater Kansas City area that share an understanding of cultural competency and seek their commitment to explore collaborative efforts in this area;

- The Health Care Foundation of Greater Kansas City (HCF) partnered with the REACH Healthcare Foundation in sponsoring/funding the Cultural Competency Initiative (allowing for expansion of the number of recipients of the technical assistance grants for 2011).
- The Initiative has sponsored two Kansas City area *Funder's Forums on Cultural Competency*.
- The Jackson County Community Mental Health Fund and the Shumaker Family Foundation have indicated an interest in partnering in the sponsorship of the Initiative (allowing for expansion of the number of recipients of the technical assistance grants for 2012).

### Intermediate Outcome Four

To develop a stakeholder group that will identify priorities for future initiative activities.

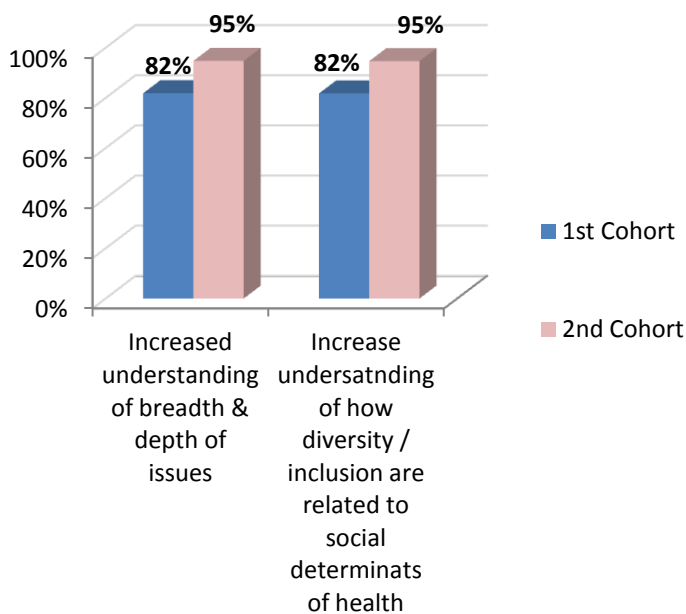
- In April, 2009 the initiative established and sanctioned the Cultural Competency Steering Committee which includes active participation by REACH Healthcare Foundation Board and staff members, Health Care Foundation of Greater Kansas City staff; representatives from the Office of Minority Health from the states of Kansas and Missouri; a representative of the Department of Health and Human Services Minority Health Regional Health Consultant for Region VII; and representatives of multiple area organizations and institutions which focus on cultural competency and inclusion. The Committee meets on a monthly basis.
- The Initiative Steering Committee adopted the definition for Cultural Competence.
- The Initiative Steering Committee developed a menu of indicators of cultural competency.
- The Initiative Steering Committee developed the criteria and procedures for offering community organizations the opportunity for technical assistance (TA) in the area of cultural competence (the first time this structure had been used by REACH).
- The Initiative Steering Committee reviews applications and makes recommendations to concerning which agencies should receive the TA.

## Intermediate Outcome Five

To establish a cadre of nonprofit leaders who will advance cultural competency beyond the life of this initiative.

### Learning Community

The fifth objective of the Cultural Competency Initiative is to establish a cadre of nonprofit leaders who will advance cultural competency beyond the life of this initiative. A Learning Community made up of recipients (both first and second year) was established in 2010 and meets on a monthly basis. Results of a survey assessing the impact of participating in the Learning Community are presented below.

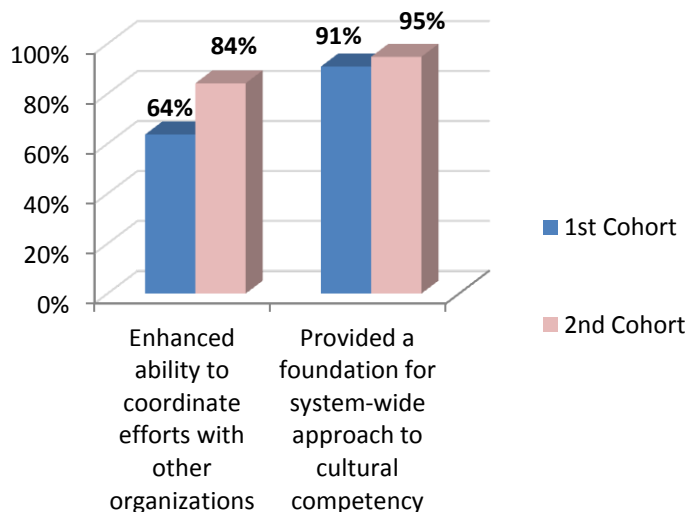


Eighty-two percent of the first cohort and 95% of the second cohort respondents reported an **increased understanding of the depth and breadth of issues related to cultural competency / inclusion** on local, regional and national levels as a result of participating in the Learning Community.

Eighty-two percent of the first cohort and 95% of the second cohort respondents reported **an increased understanding of how diversity / inclusion are related to social determinants of health** as a result of participating in the Learning Community.

Sixty-four percent of the first cohort and 84% of the second cohort respondents reported that participating in the Learning Community **enhanced their organization's ability to coordinate their efforts** to be more culturally competent / inclusive with other community organizations.

Ninety-one percent of the first cohort and 95% of the second cohort respondents reported that participating in the Learning Community **provided a foundation for a meaningful system-wide approach** to cultural competency / inclusion.



When asked to give additional examples of how participating in the cultural competency learning community has impacted them and/or your organization.

- “The impact of the learning community impacts me individually to know that there is a collective team of people working in the bi-state area on solutions, learning and growth. I have also made contacts with members outside of the learning community meetings. The information shared at the learning community meetings is shared with the agency/ Board to provoke action and thinking in the topic area.”
- “Good broad based training. More examples of how agencies have evolved... Like case examples would be helpful for teaching purposes.”
- “Greater awareness of our need to continue this work. Raised it to a higher level of visibility. Much work continues to be needed.”
- “Has brought the staff closer together in understanding their differences in cultures. A better understanding in addressing patient cultures.”
- “I think that my participation in the cultural competency learning community has increased my awareness as an employee of this agency and has made me want to continue to learn more about the different cultures of my co-workers and do what I can in this agency to help children, their families, and all employees feel included and valued.”
- “It’s opening my eyes to the power that words can have in determining positions of power, influence and oppression. It’s helped me see that people with different backgrounds than me have a different perspective than me on various issues, which means I need to expand myself to work with others of all backgrounds and experiences, and that is a good thing. For the organization, it helps me see how the making of policy, procedures and culture within the organization influences our clients in a very real way and helps me have a more reasonable perspective with which to gauge success.”
- “It has helped me be aware of how I may be perceived or those in my company may be perceived and how we may perceive others.”
- “It has impacted me on a personal level that I was not expecting. I am able to sit back and look at staff/client/peer issues in a different thinking process than I was before. I feel very lucky to be a part of this initiative.”
- “It has provided the opportunity to hear how other organizations have moved through this process and to learn some of the affects of those actions. Having this knowledge helps guide us through our own process, taking those components that may be more applicable to our organization.”
- “Open discussions have given me insight to how others think and feel about cultural competency.”
- “The presentation on metrics and indicators was very valuable; we hope to take our strategic planning process to this next level using this information to develop our metrics.”

The **value** of the Initiative is building in the community, as evidenced by:

- Second year recipients indicating that they submitted their application for the technical assistance (TA) because of the positive feedback they had heard from first year recipients.
- The Health Care Foundation of Greater Kansas City (HCF) became a partner in sponsoring/funding the Cultural Competency Initiative in 2010 (allowing for expansion of the number of recipients of the technical assistance grants for 2011) and two additional funding organizations have expressed interest in becoming partners in the initiative – allowing for further expansion of the TA and impact of the initiative.
- The Initiative is attracting the interest of national organizations focused on system change and continues to be invited to present at national conferences.

## Technical Assistance Consultants

As mentioned above, one of the unique features of the Cultural Competency Initiative is that it directly provides grantees access to customized cultural competency technical assistance (TA) provided by Cultural Competency Consulting, LLC. A survey was conducted with the first group of TA recipient organizations in March of 2011, approximately nine months into their receiving technical assistance. A link to an online survey (see Appendix E) was sent to the contact person at each of the organizations receiving technical assistance from the consultants. The evaluators requested that the contact person share the link with all personnel who had had direct interaction with the consultants and could provide the initiative feedback. Several follow-up requests were also sent to the contact persons. Twelve people, representing five organizations responded to the survey.

Respondents were asked to rate a series of statements about working with the TA consultants on a 5-point scale (1=Strongly Disagree... 5=Strongly Agree). A summary of the results is presented below.

	<b>% agree or strongly agree</b>
Cultural Competency Consulting, LLC staff clearly explained their role in working with our organization on cultural competency issues.	83.3%
Cultural Competency Consulting, LLC staff listen carefully to our staff/personnel	100%
Cultural Competency Consulting, LLC staff show respect for what our staff/personnel have to say	91.7%
Cultural Competency Consulting, LLC staff encourage staff/personnel participation in discussions about cultural competency issues	100%
Cultural Competency Consulting, LLC staff communicate clearly with our staff/personnel	91.7%
Cultural Competency Consulting, LLC staff are available to meet the needs of our staff/personnel who are working on cultural competency issues	83.3%
Organizational staff/personnel trust the Cultural Competency Consulting, LLC staff	100%
Cultural Competency Consulting, LLC staff support staff/personnel discussion with a high level of expertise related to cultural competency	83.3%
Working with Cultural Competency Consulting, LLC staff in planning for the assessment of our organization's readiness to address cultural competency issues was helpful	66.7%
Conducting the assessment of our organization's readiness to address cultural competency issues provided helpful information	83.3%
Cultural Competency Consulting, LLC staff assisted our staff/personnel to understand the implications of the assessment of our organizational readiness to address cultural competency issues	83.3%
Cultural Competency Consulting, LLC staff help our staff/personnel move our cultural competency efforts beyond discussion to the implementation of an action plan	58.3%
Because of our work with the Cultural Competency Consulting, LLC staff our organization is better prepared for the ongoing challenges of providing culturally competent services	66.7%
Working with the Cultural Competency Consulting, LLC staff has had an overall positive impact on our organization	83.3%
We recommend that other organizations partner with Cultural Competency Consulting, LLC through the REACH Cultural Competency Initiative to address cultural competency in their organization	83.3%

Respondents were also invited to provide additional feedback and samples of their responses are provided below:

- I am so, so glad that we have been afforded this opportunity to work with the consultants. They have helped move our organization forward and I am relieved to have them continue to work with us beyond the initial technical assistance award period. We have so much yet to do and having an objective, knowledgeable outside resource helping to guide us, train us, and give us perspective has proved invaluable. I appreciate the fact that the consultants have worked with our top leaders (board and managers); I agree that is essential to have them on board if real change is to take place. I wish the consultants would have sooner begun working with staff working committee (diversity committee). Thank you to REACH and to the consultants!!
- I really appreciate the stimulating dialogues that have transpired from Dr. Reyes and look forward to continuing the both personal and organizational growth. My hope is my organization could further talk about what has felt like unmentionable topics. I am a privileged, Caucasian woman I feel my own personal experiences of discrimination are limited and because of this, I hold my own comments, thoughts and observations back. I realize this cautiousness may hinder my own personal growth as well as the growth of my organization.
- The Cultural Competency Initiative -Technical Assistance Grant has personally given me renewed hope that disparity and inequalities will be seriously addressed and multiple individuals will embrace and share ownership for its outcomes.
- We are still in the early stages of identifying needs/mapping strategies so the impact of this initiative has not yet been realized in most areas. However, our organization is in deep conversation about what cultural competency is, what it means to us individually and organizationally, and/what we need to do to create a more open culture and enhance the service provision. It is very heartening to see the passion aroused by these conversations and I have no doubt that the initiative will have a far-reaching impact in the future.

## Conclusion

At the end of its third year, the initiative has started moving from its formative stage into an intermediate stage. As the information from this third year report is shared with the initiative funding partners, steering committee, and community stakeholders, it can be used to facilitate the fine tuning of the initiative and/or evaluation plan. As more preliminary data is collected, an informed discussion concerning thresholds of success for each of the indicators will be possible.

As the initiative moves forward and expands into the community, initiative funding partners, steering committee members, evaluators, and community stakeholders will need to clarify projected outcomes at a community level and identify the relevant indicators of success and processes for measuring them. The literature indicates several areas that can be assessed in evaluating the success of community based initiatives including: a common agenda/shared vision for change among stakeholders; shared measurement systems; coordination of differentiated activities through a mutually reinforcing plan of action; continuous communication, with a common vocabulary and decisions made on the basis of objective evidence; and a supporting infrastructure separate from participating organizations to support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly.<sup>8</sup>

In subsequent years, evaluators will be able to conduct a summative evaluation (sometimes referred to as impact or outcome evaluation). The purpose of the summative evaluation is to assess the mature initiative's success in reaching its stated long-term objectives. Identifying, tracking and measuring (lagging) long-term outcome indicators will provide data on the extent to which the Cultural Competency Initiative efforts achieved their stated long-term objectives and their impact on the reduction in disparities in healthcare and social services in the geographic area the Foundations serve.

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<sup>8</sup> Kania, J. & Kramer, M. (2011). *Collective Impact*. Stanford Social Innovation Review, Stanford, CA: Leland Stanford Jr. University.

## Appendix A



### Cultural Competency Initiative

#### Purpose

The REACH Foundation's Cultural Competency Initiative is designed to increase understanding and practice of cultural competency within nonprofit health and human service organizations in the Foundation's six-county service area, with the ultimate goal of reducing health disparities. The Foundation has made an initial three-year commitment to the initiative with the intention that leadership development, training and technical assistance implemented over three years will seed activities across the community that can sustain these efforts.

For the purposes of this initiative, the REACH Foundation will use the U.S. Department of Health and Human Services Office of Minority Health definition of cultural competence:

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies 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 and their communities.

#### Background

The goal of cultural competence is to create a health care system and workforce that are capable of delivering the highest-quality care to every patient regardless of socio-economic status, race, ethnicity, culture, or language proficiency (Betancourt et al., 2008). According to the National Center for Cultural Competence, cultural competence requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve.
- Incorporate the above in all aspects of policy making, administration, practice, service delivery, and involve systematically consumers, key stakeholders, and communities.

Understanding of cultural competence is an ongoing process that needs to be integrated at all levels of the organization. Yet organizations struggle to address this issue and are faced with a lack of substantive cultural competency providers and training programs. Cultural competency is an



essential element in closing the disparities gap in health care. It has an impact on the way patients and doctors discuss health concerns. It can affect the way that patients receive information from their provider and respond to medical advice. The Office of Minority Health notes that culture and language can influence health and healing; how illness, disease and their causes are perceived by the patient; the behaviors and attitudes of patients toward their health care providers; and the delivery of services by providers who have their own cultural perspectives and beliefs about health care.

### **Initiative Overview**

Numerous determinants influence health disparities. These range from socioeconomic status, access to health care, social/physical environment, to provider and institutional bias. **This initiative will address the provider and institutional bias determinant.** This determinant will be addressed by providing customized technical assistance on implementing Culturally and Linguistically Appropriate Services (CLAS) standards with grantees. The CLAS standards were developed by the U.S. Department of Health and Human Services Office of Minority Health.

To help us carry out the initiative, the Foundation has contracted with a team of experts led by **Jose Reyes, Ed.D., L.P.C.**, a consultant and presenter on the topics of Diversity, Respectful Workplace, Cultural Competence and Human Relations. The consulting group will provide training for nonprofit leaders in the Foundation's six-county service areas, assess organizations on cultural competency practices, and provide direction on changing organizational policies and practices.

### **Anticipated Outcomes**

The long-term goal of the initiative is a **reduction in racial and ethnic disparities in healthcare** in the geographic service area the Foundation serves. Intermediate outcomes include:

- To increase organizational understanding of national best practices and encourage organizations to adjust their service delivery accordingly to meet the particular needs of the individuals, families, organizations and communities they serve;
- To enable nonprofit health and human service providers to identify the needs and help-seeking behaviors of the individuals they serve;
- To engage other foundations in the Greater Kansas City area that share an understanding of cultural competency and seek their commitment to explore collaborative efforts in this area;
- To develop a stakeholder group that will identify priorities for future initiative activities;
- To establish a cadre of nonprofit leaders who will advance cultural competency beyond the life of this initiative.

In 2009, the Foundation will convene a stakeholder group that will develop a common understanding of cultural competency for the initiative; identify areas of need for health and human service organizations; and serve as ambassadors for the initiative. In addition, the stakeholder group will help develop a Request for Proposal to provide organizations an opportunity to apply for technical assistance in this area, and stakeholder group members will participate in the RFP review and selection process.

### **Initiative Leadership**

The Cultural Competency Initiative is directed by **Carla Gibson, Senior Program Officer**, REACH Healthcare Foundation, [carla@reachhealth.org](mailto:carla@reachhealth.org), (913) 432-4196.

## Appendix B

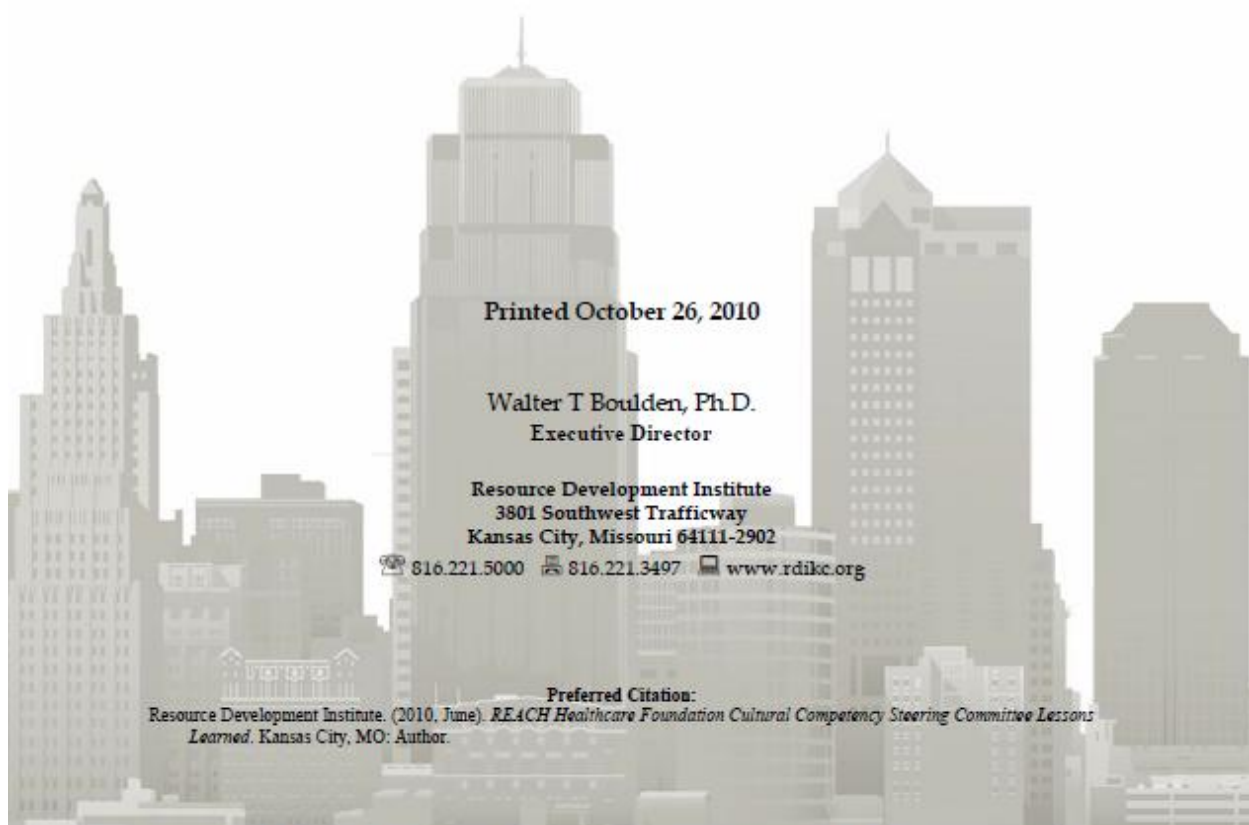
REACH HEALTHCARE FOUNDATION  
CULTURAL COMPETENCY  
STEERING COMMITTEE  
LESSONS LEARNED  
October 2010

Prepared for:  
REACH Healthcare Foundation



This report was prepared by:

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Printed October 26, 2010

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**Preferred Citation:**

Resource Development Institute. (2010, June). *REACH Healthcare Foundation Cultural Competency Steering Committee Lessons Learned*. Kansas City, MO: Author.

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## Introduction

The REACH Healthcare Cultural Competence Steering Committee participated in a facilitated discussion of the selection process for the TA developed by the Committee. The goal of the focused conversation was to get at the lessons that have been learned during the first year of the Cultural Competence Initiative. The discussion centered on *what worked*, *challenges*, and recommendations as the Initiative moves forward. The initial results of focus group process were reported back to the Steering committee and feedback and additional data was received. The identified lessons learned will be used to continue to improve the Initiative process for the second year. This report presents the results of that process.

## What Worked

### Overall structure of the initiative:

- Consultant on loan concept. Rather than making grants, using a consultant has been more cost effective. Providing the technical assistance (TA) rather than providing the money directly to the organization and having them get the work done on their own.
- The TA process itself is seen as independent of REACH at a level that helps develop trust between the persons providing the TA and grantees.
- The REACH Foundation's willingness to "risk" actively soliciting and utilizing the expertise of the Steering Committee.
  - The collaborative process between the Steering Committee and the REACH Board has been a good learning process.
  - If another Funder was to duplicate this process this is something they have to think about.

### Use of Consultant:

- Helpful to have experts (Knowledgeable consultants) rather than someone from REACH to:
  - assist in the design of the initiative;
  - facilitate the steering committee process; and
  - provide the TA.

### Use of Steering Committee:

- The process/initiative was driven by the expertise of a Steering Committee rather than being "REACH" driven.
- The communication between staff, Board and Steering Committee made the process smooth.
- The Steering Committee diversity of background, professional fields, life experiences, roles, the makeup of the people, and commitment to cultural competence.
- The process of selecting the Steering Committee was transparent.
- The Steering Committee brought diverse perspectives together.
- Adequate time was given for entire steering committee process, which included important steps such a meaningful discussion of the definition of cultural competency and reaching a consensus on what definition would be used by the initiative, etc.

- The steering committee process was open and collaborative – committee members were flexible which was reflected in their approach to the RFP selection process;
- The ability of the Steering Committee to share diverse perspectives and still reach a consensus that all members were comfortable with.
- REACH was willing to sanction the recommendations and decisions made by the Steering Committee in multiple areas of the Initiative ranging from development of outcome indicators of successful cultural competency/inclusion, to the RFP design for the initiative, to the selection process of who should be awarded the TA.

#### Technical Assistance RFP Process:

- Keeping the initial number of TA recipients small and learning from the process.
- Having a clear understanding of the standards of REACH and what the Board would accept
- Clearly defining the roles of the steering committee i.e., making recommendations on readiness for selection, etc.
- A clear description of the scoring process
- A thorough discussion around the need for transparency in the selection process (including any potential for conflict of interest)
- The pre-selection process by REACH staff (prior to presentation of applications to steering committee to score).
- The Board supported the selections for TA recommended by the committee.

## Challenges

- Surprised the initial RFP did not have more applicants. Why – readiness or clarity?
  - Was it because the RFP did a good job of indicating the level of commitment required and people “self-selected” out because they knew they were not ready?
  - Was it because the RFP was unclear?
  - Was it because the topic was uncomfortable?
  - Was it because there was no money attached to the technical assistance?
  - Was it because there of short period of time between release of RFP and deadline (i.e., not enough time to secure Board commitment)?
- This RFP process was atypical from traditional RFPs, but the steering committee wanted people to think “outside the box”, and that may be good.
- Do potential grantees (potential applicants) understand what TA means or how it works?
- The value of the TA process had (has) not been established in the community or within organizations yet – it is possible that the more they see value in the TA the more willing they will be to make the required commitment.
- The pre-assessment process in working with the grantees took longer than anticipated
- Current agencies are questioning whether they will be “cut off” from the TA process at the end of the year.

## Steering Committee Recommendations

### As The Initiative Moves Forward

- Bring more recommendations from recipients, service organizations etc. into the Steering Committee and selection process of TA recipients.
  - Incorporate feedback from current TA recipients into selection process (what worked and what do not work).
  - Evaluate TA recipients on the RFP process - get their feedback.
- Develop more clearly defined criteria for eligibility (or ineligibility).
  - i.e., Steering Committee membership versus being a recipient and potential for conflict of interest issues.
- Create a learning community for current TA recipients
- Explore ways to expand the impact of the TA through bringing the Initiative to collaborative programs who work with several agencies.
- Consider the implications of providing TA to programs with large geographic or large institutional structures – (size and scope).
  - This may make it unrealistic to complete TA work within time frame of grant (For example: the size of Pathways).
  - Large size makes it more difficult to establish the necessary relationships and tailor the process of how to “best” use the TA.
- Consider extending the TA beyond a year.
- Expect a longer process for organizations in general on the front end –
  - Takes time to establish relationships
  - Takes time to determine the process for most effectively using the TA
- Consider current resources and determine how many organizations the initiative can effectively work with (i.e., continuing grantees, new applicants, other initiative participants, funders, etc.).
- Consider planning for how the initiative will handle a potential “snowball” effect.
- Determine a definition of “end point” for the actual TA process, while emphasizing that cultural competency is a continuous ongoing process.
- Explore potential for accessing financial resources to supplement the TA process – especially for implementation of the processes identified during the TA process.
- Explain to applicants/recipients of the enhanced potential for funding after completing the cultural competency TA.
- Help organizations understand how to leverage what they learned in the TA process, by focusing on how they will implement or specifically address cultural competency issues identified by the TA, in their applications in the REACH Healthcare Foundation and Health Care Foundation grant processes.
- Help organizations understand how to incorporate implementing or specifically addressing cultural competency issues identified by the TA as the basis for capacity building funding requests.
- Help organizations understand how the TA process can better position them for receiving accreditation, etc. around cultural competency (HQHC’s , Council on Accreditation, etc.).

Appendix C

REACH HEALTHCARE  
FOUNDATION  
CULTURAL COMPETENCY  
INDICATORS OF SUCCESS  
June 2010

Prepared for:  
REACH Healthcare Foundation





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## Introduction

REACH Healthcare Foundation staff, board members and community advisory committee members participated in six facilitated working sessions over a three and a half month period in 2008 and 2009 to develop a “Road Map” identifying key outcomes and indicators of success within each of the REACH Healthcare Foundation funding priority areas. They also identified **Service providers are culturally competent** as a precondition for all funding priority areas.<sup>1</sup>

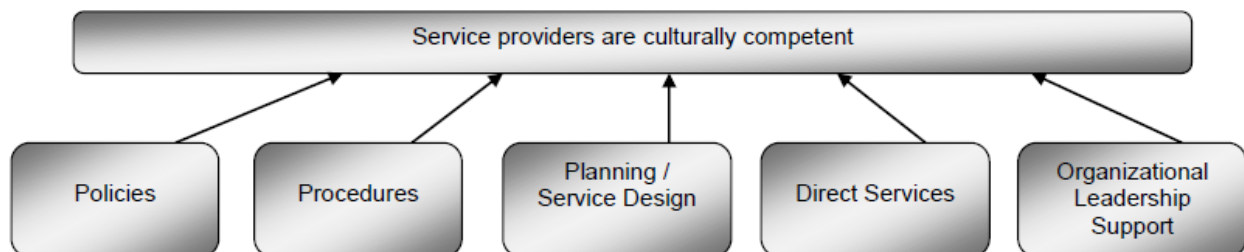
The Foundation requested that the REACH Healthcare Cultural Competence Steering Committee develop a list of recommended indicators of success for the **cultural competency** precondition (intermediate outcome).

The REACH Healthcare Cultural Competence Steering Committee participated in a facilitated working session and identified five preconditions (intermediate outcomes) related to the overall outcome of “**service providers are culturally competent**” and identified indicators of success for each precondition. This report presents the results of that process and the Steering Committee’s definition of cultural and linguistic competence.

## Definition

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies 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 and their communities.

## Preconditions



<sup>1</sup> Boulden, W. (2009). *REACH Healthcare Foundation Road To Success, June 2009*. Kansas City, MO: Resource Development Institute.

**Long-term Goal/Outcome:**

**All poor and underserved people in our community achieve optimal health**

Service providers are culturally competent

Policies

**Indicators of success**

1. Healthcare agency has policies in place on:
  - a. Diversity and Inclusiveness and defines diversity cross cultural competence
  - b. Affirmative Action
  - c. Sexual Harassment / Equal Employment Opportunity (EEO)
  - d. Conflict Resolution
  - e. Ethics/code of conduct
5. Benefits policies incorporate partner benefits and reflect diversity/inclusiveness
6. Policies include Title VI for language access
7. Policies set clear expectations for behavior
8. Policies on performance reviews, professional development should include self-assessment of own identification and attitudes about diversity/inclusiveness

**Long-term Goal/Outcome:**

**All poor and underserved people in our community achieve optimal health**

Service providers are culturally competent

Procedures

**Indicators of success**

1. Healthcare agency provides routine training for leadership / providers / personnel / staff on policies
2. Healthcare agency has written guidelines to accommodate different cultural beliefs
3. Performance reviews include diversity inclusiveness
4. Policies are reviewed and updated on regular basis
5. Healthcare agency examines diversity policies during self study for accreditation
6. Diversity/inclusiveness are integral in all hiring, promoting, tenure, retention, etc. decisions
7. Healthcare agency programs reflect diversity/inclusiveness
8. Healthcare agency allocates resources to support policies
9. Healthcare agency provides routine training for leadership / providers / personnel / staff on diversity/inclusiveness
10. Healthcare agency addresses cultural competence as a sustainable ongoing process rather than a one time or periodic event
11. Healthcare agency develops collaborative agreements with other programs to serve diverse groups
12. Healthcare agency constantly assesses the needs of the community/clients/geographic area it serves

**Long-term Goal/Outcome:**

**All poor and underserved people in our community achieve optimal health**

Service providers are culturally competent

Planning /  
Service Design

**Indicators of success**

1. Healthcare agency has written guidelines to accommodate different cultural beliefs
2. Healthcare agency systems are aligned with diversity/inclusiveness
3. Diversity/inclusiveness are integral in all hiring, promoting, tenure, retention, etc. decisions
4. Healthcare providers/personnel/staff behaviors reflect diversity / inclusiveness policies
5. Healthcare agency provides routine training for leadership / providers / personnel / staff on diversity/inclusiveness
6. Healthcare agency addresses cultural competence as a sustainable ongoing process rather than a one time or periodic event
7. Healthcare agency develops collaborative agreements with other programs to serve diverse groups
8. Healthcare agency shares diversity/inclusiveness best practices with other organizations
9. Healthcare agency uses marketing/ development materials that promote reflect diversity/inclusiveness
10. Individual providers/personnel/staff proactively seek cultural experiences or additional training in acquiring more cultural understanding
11. Healthcare agency proactively seeks and uses client feedback and expertise to better serve agency clients (i.e., Advisory groups and Advocacy groups)
12. Physical environment of the healthcare agency (i.e., signage) is inviting and professional to all diverse group of clients and staff
13. Healthcare agency information materials are translated and language/communication issues are addressed to meet the needs of diverse client population
14. Healthcare agency is accessible to diverse client population – physically, time open, geographically, etc.
15. Healthcare systems/ agency cultivate development of professionals from under-represented groups
16. Healthcare agency provides service to diverse population or connects client to other organizations to ensure client needs are met – multi-agency collaboration without competition
17. Healthcare agency, leadership, providers, personnel, and staff take pride in cultural competency
18. Healthcare agency, leadership, providers, personnel, and staff demonstrate a client first focus
19. Healthcare agency constantly assesses the needs of the community/clients/geographic area it serves

**Long-term Goal/Outcome:**

**All poor and underserved people in our community achieve optimal health**

Service providers are culturally competent

Direct Services

**Indicators of success**

1. Healthcare agency leadership/providers/personnel/staff demonstrate an openness to other belief systems and everyone acts accordingly
2. Healthcare agency leadership/providers/personnel/staff demonstrate an understanding of individual expressions, cultural norms and traditions
3. Healthcare providers/personnel/staff know the policies
4. Healthcare providers/personnel/staff behaviors reflect diversity / inclusiveness policies
5. Individual providers/personnel/staff proactively seek cultural experiences or additional training in acquiring more cultural understanding
6. Healthcare agency proactively seeks and uses client feedback and expertise to better serve agency clients (i.e., Advisory groups and Advocacy groups)
7. Physical environment of the healthcare agency (i.e., signage) is inviting and professional to all diverse group of clients and staff
8. Healthcare agency personnel who are clients' first contact respect all people and assess services based on cultural beliefs and needs of the client
9. Healthcare agency information materials are translated and language/communication issues are addressed to meet the needs of diverse client population
10. Healthcare agency is accessible to diverse client population – physically, time open, geographically, etc.
11. Healthcare providers/personnel/staff demonstrate friendly, open, accepting, non-judgmental attitudes
12. Healthcare agency provides service to diverse population or connects client to other organizations to ensure client needs are met – multi-agency collaboration without competition
13. Healthcare agency helps diverse client population navigate the healthcare/ social service system
14. Healthcare agency, leadership, providers, personnel, and staff demonstrate a client first focus

**Long-term Goal/Outcome:**

**All poor and underserved people in our community achieve optimal health**

Service providers are culturally competent

Organizational  
Leadership  
Support

**Indicators of success**

1. Policies are implemented by leadership and emphasized from leadership down
2. Healthcare agency leadership/providers/personnel/staff demonstrate an openness to other belief systems and everyone acts accordingly
3. Healthcare agency leadership/providers/personnel/staff demonstrate an understanding of individual expressions, cultural norms and traditions
4. Healthcare agency leadership role model diversity/inclusiveness policies – owner of policies
5. Healthcare agency leadership establishes and supports diversity person/committee that maintains policies
6. Healthcare agency leadership demonstrates a willingness to engage in difficult discussions with staff in relation to diversity / inclusiveness
7. Healthcare systems/ agency cultivate development of professionals from under-represented groups
8. Healthcare agency, leadership, providers, personnel, and staff take pride in cultural competency
9. Healthcare agency, leadership, providers, personnel, and staff demonstrate a client first focus



## Appendix D

### Cultural Competency Initiative: Sample Survey

The purpose of this tool is to survey areas of your organization that are important in determining needs and strengths associated to diversity, inclusiveness and cultural competence.

Your participation in the survey will be anonymous. You may fill out the survey without completing the demographic portion below, if you prefer. Please be assured that all survey answers are accessible only by the Resource Development Institute (RDI). RDI provides only aggregated data to Cultural Competency Consulting, to be used in an assessment report which will be provided to the Organization. Both RDI and Cultural Competency Consulting are bound by ethical standards which ensure that no compilation of the data from this survey can lead to the identification of any respondent. If this means certain data cannot be reported on because it may lead to such identification, then that data will not be included in any report.

Thank you for your assistance with this assessment.

## Cultural Competency Initiative: Sample Survey

### Ethnicity/Race:

- African American/Black
- American Indian
- Asian/Pacific Islander
- Latino/Hispanic
- Multi-Racial
- Non-Hispanic White
- Other

### Gender:

- Female
- Male
- Transgender

### Sexual Orientation:

- Lesbian/Gay
- Heterosexual
- Bisexual
- Other

### Diagnosed Disability:

- Yes
- No

### Age:

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66 and Above

## Cultural Competency Initiative: Sample Survey

### Education Level:

- Less than High School
- High School/GED
- Some college
- Associate Degree
- Bachelors Degree
- Graduate Degree

### Staff Role:

- Direct service provider
- Non-service provider

### Length of employment in organization:

- Less than 1 year
- 1-3 years
- 4-5 years
- 6-7 years
- 8-10 years
- Over 10 years

## Cultural Competency Initiative: Sample Survey

### ENVIRONMENT

**\*Choose the best assessment of each of the statements.**

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
This organization displays pictures and literature that reflect the diversity of individuals and groups served by the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Literature, materials and brochures are adapted to meet the cultural and linguistic needs of service recipients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information, marketing and media resources for health education, treatment and other interventions are provided to insure that the particular cultural needs of service recipients are met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play accessories and literature in classroom and service areas are representative of the various cultural and ethnic groups within the local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For service recipients or staff who may be in a wheelchair or visually or hearing impaired, the organization provides aids for easy accessibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Universal signs are used, or signs are posted in languages accessible to limited English proficient service recipients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Cultural Competency Initiative: Sample Survey

### ADMINISTRATION

**\*Choose the best assessment of each of the statements.**

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Practices reflect an organizational commitment to recruit, hire, promote and retain employees competent to work with diverse service recipients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources are in place to support ongoing training and development of employees in the area of cultural competence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Board of Directors, Management, Committees and groups associated with the organization reflect the diversity of the service community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources (language line, sign language, interpreters) are in place to provide interpretation and translation services when requested or needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This organization supports and is compliant with the Policy Guidance on the Title VI Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Cultural Competency Initiative: Sample Survey

### COMMUNICATION

**\*Choose the best assessment of each of the statements.**

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
When providing service to limited English proficient service recipients personnel encourage the use of visual aids, signs and physical prompts to communicate more effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personnel use bilingual trained or certified interpreters (sign language) for assessment, treatment and other interventions for service recipients who cannot communicate verbally in the English language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times personnel use the service recipient's family member to interpret.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about services, treatment plans, and recommendations are provided to service recipients in their primary language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The organization systematically seeks information and feedback from all diverse groups served by the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Cultural Competency Initiative: Sample Survey

### VALUES AND ATTITUDES

**\*Choose the best assessment of each of the statements.**

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
I am aware that as a person who works in this organization I can contribute to reducing disparities (e.g. poverty, education, mental health, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personnel intentionally make a concerted effort not to impose values that may conflict or are not consistent with the values of the individuals served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During daily interactions with staff and colleagues, the use of racial, ethnic or other group slurs is discouraged by helping the speaker understand the impact of these words or comments on particular groups or individuals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In groups and other related situations staff discourage service recipients from using racial, ethnic or other group slurs by helping them understand the impact of these words or comments on particular groups or individuals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversity is valued and represented at all levels of the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The organization's mission statement, goals, policies and procedures incorporate principles and practices that promote inclusiveness and diversity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Cultural Competency Initiative: Sample Survey

### CLIMATE FOR DIVERSITY

**\*Choose the best assessment of each of the statements.**

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
I can fit in at work without having to change who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When at work, I feel free to express my ideas even if they are different from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At work, members of some diverse groups are treated better than other groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are tensions between members of different groups in this organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When conflict arises, this organization tends to take sides based on group membership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most levels of this organization are diverse in terms of group membership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverse input is effectively considered at all levels in the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All employees are included in social functions regardless of their diverse group membership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel included during casual conversations with members of other groups at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Cultural Competency Initiative: Sample Survey

### SUPERVISION

**\*Choose the best assessment of each of the statements.**

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Supervision meetings incorporate case discussions on the cultural and ethnic differences of service recipients and how these differences may impact service outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At staff meetings we discuss cultural competence, diversity and inclusion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case presentations are used to explain the role of cultural competence in providing inclusive and culturally sensitive services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial and ethnic disparities are discussed in case reviews and staff meetings to increase both awareness and implication for service with diverse groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced and knowledgeable consultants are brought in when input is needed regarding cultural specific issues with service recipients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ongoing training is offered to further increase knowledge of cultural competence and inclusion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Cultural Competency Initiative: Sample Survey

**Please list the organization's strengths related to inclusiveness/cultural competence.**

**How would your organization benefit from an inclusiveness initiative and why?**

**Please give examples of situations when you have felt respected in this organization.**

**Please discuss areas of this organization where your personal diversity is valued and integrated.**

**Other Comments**

## Appendix E

The REACH Healthcare Foundation has contracted with the Resource Development Institute (RDI) to conduct an evaluation of the Cultural Competency Initiative. Part of the evaluation includes asking for your feedback on your experience in working with the cultural competency consultants and the impact that work has had on your organization.

Your feedback is anonymous, and all data collected from this survey will be aggregated by RDI. A summary report of the aggregated results will be prepared and presented to the REACH Healthcare Foundation and the Cultural Competency Consulting, LLC.

We appreciate your taking a few minutes to complete this survey. As recipients of the Technical Assistance component of this initiative, your feedback is very important and will help guide the future development and implementation of this important initiative.

Thank you for your assistance.

**Agency:**

- Cabot Westside Health Center
- Hope House
- Jackson County Mental Health Tax Levy
- KCKCC School of Nursing
- MCC Penn Valley School of Nursing
- Pathways
- Spofford Home
- UMKC School of Dentistry

**Please indicate your level of agreement with the following statements.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1) Cultural Competency Consulting, LLC staff clearly explained their role in working with our organization on cultural competency issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

,

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2) Cultural Competency Consulting, LLC staff listen carefully to our staff/personnel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

,

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
3) Cultural Competency Consulting, LLC staff show respect for what our staff/personnel have to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

,

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
4) Cultural Competency Consulting, LLC staff encourage staff/personnel participation in discussions about cultural competency issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

,

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5) Cultural Competency Consulting, LLC staff communicate clearly with our staff/personnel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**Please indicate your level of agreement with the following statements.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6) Cultural Competency Consulting, LLC staff are available to meet the needs of our staff/personnel who are working on cultural competency issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7) Organizational staff/personnel trust the Cultural Competency Consulting, LLC staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
8) Cultural Competency Consulting, LLC staff support staff/personnel discussion with a high level of expertise related to cultural competency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
9) Working with Cultural Competency Consulting, LLC staff in planning for the assessment of our organization's readiness to address cultural competency issues was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
10) Conducting the assessment of our organization's readiness to address cultural competency issues provided helpful information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**Please indicate your level of agreement with the following statements.**

11) Cultural Competency Consulting, LLC staff assisted our staff/personnel to understand the implications of the assessment of our organizational readiness to address cultural competency issues.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

Comments:

12) Cultural Competency Consulting, LLC staff help our staff/personnel move our cultural competency efforts beyond discussion to the implementation of an action plan.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

Comments:

13) Because of our work with the Cultural Competency Consulting, LLC staff our organization is better prepared for the ongoing challenges of providing culturally competent services.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

Comments:

14) Working with the Cultural Competency Consulting, LLC staff has had an overall positive impact on our organization.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

Comments:

15) We recommend that other organizations partner with Cultural Competency Consulting, LLC to address cultural competency in their organization.

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

Comments:

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

16) We recommend that other organizations participate in the REACH Cultural Competency Initiative..                   

Comments:

**Please indicate your organization's level of readiness.**

Not at All Ready    Not Ready    Neither Ready or Not Ready    Ready    Very Ready

17) Rate your organization's readiness to work on cultural competency issues and integration at the beginning of the Technical Assistance.                   

18) Rate your organization's readiness to work on cultural competency issues and integration now.                   

Comments:

**Please indicate your level of agreement with the following statements.**

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

19) The Technical Assistance changed my perspective about my level of readiness to integrate further cultural competency.                   

Comments:

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

20) The Technical Assistance changed my perspective about my organization's level of readiness to integrate further cultural competency.                   

Comments:

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

21) Our level of confidence in integrating cultural competence in our organization changed as a result of the Technical Assistance.                   

Comments:



**Please indicate your level of agreement with the following statements.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
22) The Technical Assistance provided insight about the process of implementing cultural competency in my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
23) My level of confidence about integrating cultural competence was greatly impacted for the positive through the Technical Assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
24) The foundation we built on cultural competence as a result of the Technical Assistance will help facilitate future progress related to our reduction of disparities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
25) The Technical Assistance process impacted me at a professional level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
26) The Technical Assistance process impacted me at a personal level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**Please indicate your level of agreement with the following statements.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
27) The work our program did through the REACH Cultural Competency Initiative changed my expectations about the process of integrating cultural competence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
28) I feel confident that our program has gained direction to continue our integration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
29) We have tangible results related the work our organization has done in this Initiative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
30) Our staff has a better understanding of the work of integrating cultural competency in an organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
31) We have gained direction in sustaining this initiative beyond the Technical Assistance period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**Please indicate your level of agreement with the following statements.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
32) The Technical Assistance provided direction for sustaining cultural competence in our organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
33) Our Board of Directors has been positively impacted by this initiative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
34) This initiative has provided insight and awareness to our Board on the importance of cultural competence in service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
35) Our cultural competence/inclusion committee is viewed by our staff as an essential ingredient in sustaining cultural competence in our organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
36) Our cultural competence/inclusion committee is viewed by our Board of Directors as an essential ingredient in sustaining cultural competence in our organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**Please indicate your level of agreement with the following statements.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
37) Having diverse representation in our committee has made a difference in implementing this initiative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
38) The Initiative's provision of Technical Assistance has proven more effective than the provision of funding to seek our own experts to work with our program on implementing cultural competence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
39) The Technical Assistance model is more effective than other models in achieving results when integrating cultural competence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
40) Our current work through this initiative will lead to a positive impact on client care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
41) Our staff time allocated to this initiative has been worth the investment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

42) We could have achieved more results in this initiative in less time.              

Comments:

**Please describe any aspects of this process that you were not happy with.**

**Recommended changes to the process.**

**Other Comments**

## Appendix F

As the Cultural Competency Initiative approaches its third round of Technical Assistance Grants, your feedback on the impact of receiving technical assistance and participating in the learning community is greatly valued.

Please take five to ten minutes and complete the following survey. All results will be aggregated by Resource Development Institute (RDI) and included in an end of year evaluation report.

Thank you for your assistance.

**Indicate when your organization first received Technical Assistance through the initiative:**

2010

2011

**Receiving cultural competency technical assistance has impacted our organization in the following way:**

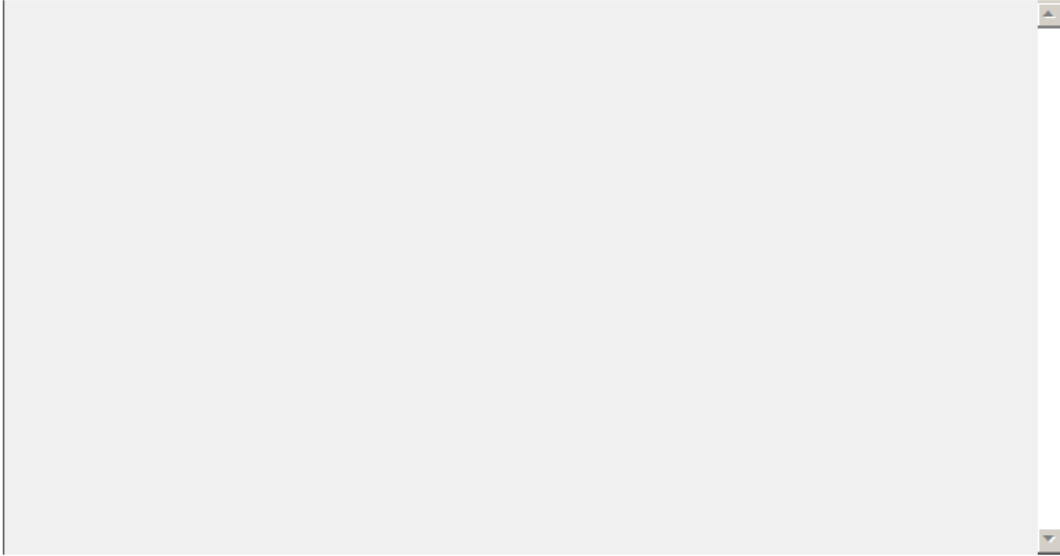
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Changes in organizational policies and/or procedures related to diversity/inclusion as it applies to our internal operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The formal adoption of a process for ongoing discussion and planning for cultural competency/inclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A renewed commitment on the part of personnel to ongoing discussion and planning for cultural competency/inclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A clearer understanding of the need for ongoing discussion and planning for cultural competency/inclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The inclusion of more diverse perspectives in our planning for cultural competency/inclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A greater sense of trust among personnel/staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A clearer definition of cultural competency/inclusion within the context of our organization and mission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Receiving cultural competency technical assistance has impacted our organization in the following way:**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The regular discussion of cultural competency in case reviews and staff meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrative support for ongoing training and employee development in the areas of cultural competence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A systematic process for seeking information and feedback from all diverse groups served by our organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved communication related to issues of diversity/ inclusion among organizational personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in policies and/or procedures guiding the provision of client services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A more welcoming environment for clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More inclusive/culturally competent provision of client services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



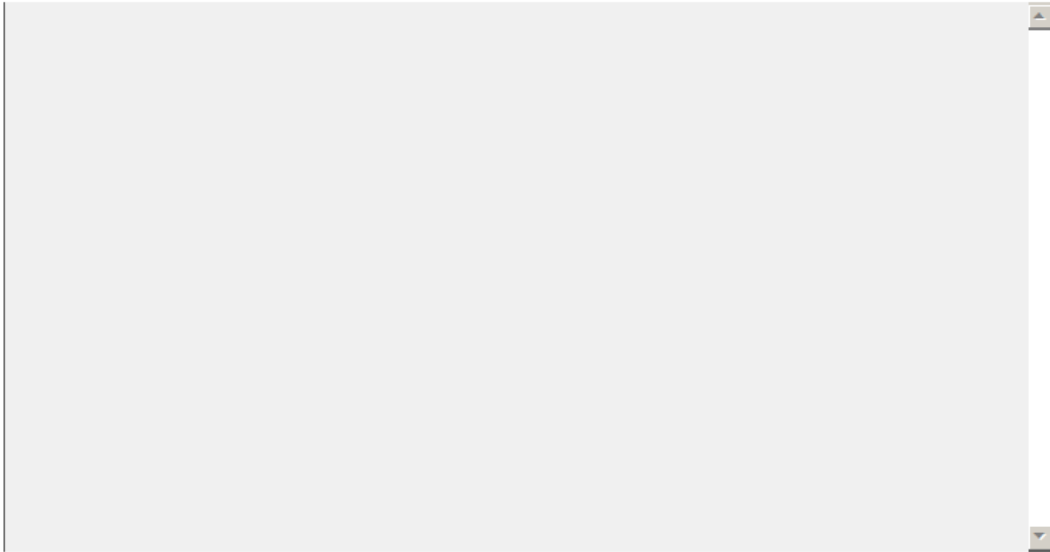
**Please give examples of how participating in the cultural competency initiative has impacted the provision of client services.**

A large, empty rectangular text input field with a vertical scrollbar on the right side. The field is currently blank, intended for the user to provide examples of how participating in the cultural competency initiative has impacted the provision of client services.

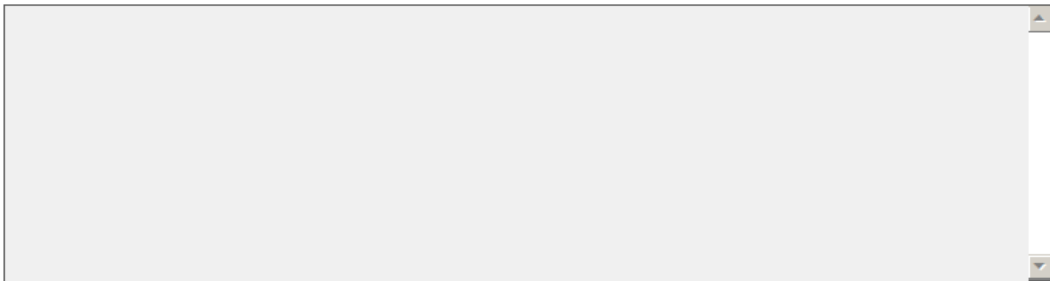
**Participating in the Cultural Competency Learning Community has:**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Increased my understanding of the depth and breadth of issues related to cultural competency/ inclusion on local, regional and national levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased my understanding of how diversity/ inclusion are related to the social determinants of health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead to a better understanding of the resources related to cultural competency/ inclusion available to my organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhanced my organization's ability to coordinate our efforts to be more culturally competent/ inclusive with other community organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided a foundation for a meaningful system-wide approach to cultural competency/ inclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please give examples of how participating in the cultural competency learning community has impacted you and/or your organization.**

A large, empty rectangular text box with a light gray background and a vertical scrollbar on the right side, intended for the user to provide examples of impact.

**Other comments:**

A smaller, empty rectangular text box with a light gray background and a vertical scrollbar on the right side, intended for the user to provide other comments.