

# Linguistic and Cultural Competency Self-Assessment Survey

This Self-Assessment Survey was designed especially for Family PACT providers. In this section you will find:

- Instructions for Administering the Survey
- Self-Assessment Survey
- Tally Sheet
- Score Sheet

Encourage your staff to take advantage of this opportunity to evaluate your effectiveness in this area.

# Instructions for Administering the Self-Assessment Survey

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The Linguistic and Cultural Competency Self-Assessment Survey for Family PACT Providers was designed to be administered to all staff, administrators, and board members of your agency or office. In order to conduct a comprehensive assessment and develop a realistic plan for continued growth in the area of linguistic and cultural competence, it is recommended that all staff participate in the evaluation of the services they provide to Family PACT clients. This will allow the administrator of this survey to assess the quality of the services provided at different points of contact, as well as the services provided by different individuals. Each individual will bring a different perspective to this process based on his or her own personal cultural background, and his or her own professional interaction with clients and other staff.

The self-assessment process and the analysis should ideally be anonymous and confidential. If you ensure staff anonymity and confidentiality, staff will be more inclined to be honest and forthcoming. This in turn will allow you, the administrator of the survey, to better assess your agency's ability to provide linguistically and culturally competent services to your diverse clients. It will also provide you with the information you need to develop a realistic plan for enhancing these services.

The survey tool is divided into four content sections along with a few basic questions about the staff and the client populations your agency serves. The four content sections include:

**Section One:** Training and staff development on linguistic and cultural competency

**Section Two:** Your agency's experience and capacity to provide linguistically and culturally competent services

**Section Three:** Health education materials and services your agency provides

**Section Four:** Your agency's administrative strengths and challenges

### **How to Administer the Survey**

This simple in-house survey can be completed by all staff members of your agency. It was specifically designed to elicit your staff members' personal opinions regarding the services provided by your agency.

Here are the steps we recommend for administering this self-assessment process:

**STEP 1:** Review all of the materials prior to administering the survey.

**STEP 2:** Obtain commitment from top management and the Board before administering the survey. This will provide you with the support you will need to not only administer the survey itself, but also to implement your strategic plan for continued growth in the area of linguistic and cultural competence.

**STEP 3:** Introduce the survey and the process at a staff meeting to provide staff with an opportunity to ask questions. Stress the need for full participation and complete honesty in order to gain a realistic view of your agency's ability to provide linguistically and culturally competent services.

You can use any of the information provided with this survey to support the need for this type of self-assessment.

Stress anonymity and confidentiality. Let them know that answering any of the questions is voluntary. You should encourage staff to be forthcoming, while emphasizing that their responses will not reflect negatively on their position or on the agency as a whole in any way.

**STEP 4:** Plan how and when you will administer the survey. Remember to include a process for protecting your staff's anonymity and confidentiality. Make copies of the survey. You can find a copy of this survey following these instructions. Or go to [www.familypact.org](http://www.familypact.org) for additional copies.

**STEP 5:** Administer the survey. Remember to make yourself available for questions staff may have when completing the survey.

### **How to Compile and Analyze the Results**

**STEP 1:** Decide how you want to organize the results. For example if you want to organize the results based on the different job categories selected by the participants of the survey, you will want to make copies of the Tally and Score Sheets accordingly. You will also want to code all of the surveys in order to group them in a way that will be the most helpful for you to analyze and develop a plan. You can find a copy of the Tally Sheet and Score Sheet immediately following these instructions. Or go to [www.familypact.org](http://www.familypact.org) for additional copies.

**STEP 2:** Collect the surveys and compile the responses on the tally sheet provided with this Toolkit. A more detailed explanation is provided in the section of this Toolkit entitled "Recording Your Results."

- STEP 3:** Analyze the results of the survey by reviewing your average score for each individual section of the survey.
- STEP 4:** Read the section “Understanding Your Scores” to assist you in understanding the results of the survey.
- STEP 5:** Develop a strategic plan for enhancing the linguistic and cultural competency of the services you provide. Use the strategies and helpful forms provided in the section of this Toolkit entitled “Developing a Strategic Plan.” Or you can develop your own strategies for improving the services, programs, and resources for your clients.



## Linguistic and Cultural Competency Self-Assessment Survey for Family PACT Providers

This self-assessment survey is for internal use of this office to help assess our efforts to provide services to our clients in a manner that accommodates their diverse linguistic and cultural needs. **This is not a test.** Your responses will be confidential and will not be used to reflect negatively on you or anyone else in this office. Your participation is appreciated as it will help us determine effective strategies for providing culturally appropriate services to our clients.

<b>Date of Survey:</b>	<b>Site Location:</b>	<b>Survey #:</b>			
<b>Please answer each of the questions below by placing checkmarks in the appropriate boxes.</b>					
<b>Participant Information</b>					
1.	<b>How many years have you worked for this office/ provider?</b>				
	<input type="checkbox"/> <1 year	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 4-6 years	<input type="checkbox"/> 7-10 years	<input type="checkbox"/> >10 years
2.	<b>What is your primary job area/ category?</b>				
	<input type="checkbox"/> Front office	<input type="checkbox"/> Back office	<input type="checkbox"/> Administrative	<input type="checkbox"/> Clinical/Counseling	
3.	<b>What languages do you speak and/or read well? (Check all that apply.)</b>				
	<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/>
	<input type="checkbox"/> Armenian	<input type="checkbox"/> Hindi	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Thai	<input type="checkbox"/>
	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Russian	<input type="checkbox"/> Urdu	<input type="checkbox"/>
	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Vietnamese	<input type="checkbox"/>
	<input type="checkbox"/> English	<input type="checkbox"/> Laotian	<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client Information</b>					
4.	<b>What languages do your clients use as their primary languages? (Check all that apply.)</b>				
	<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/>
	<input type="checkbox"/> Armenian	<input type="checkbox"/> Hindi	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Thai	<input type="checkbox"/>
	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Russian	<input type="checkbox"/> Urdu	<input type="checkbox"/>
	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Vietnamese	<input type="checkbox"/>
	<input type="checkbox"/> English	<input type="checkbox"/> Laotian	<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>
5.	<b>What social, cultural, and special-needs groups does your office serve? (Check all that apply.)</b>				
	<input type="checkbox"/> Adolescents	<input type="checkbox"/> East Indian	<input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/>
	<input type="checkbox"/> African American	<input type="checkbox"/> East European		<input type="checkbox"/> Native American	<input type="checkbox"/>
	<input type="checkbox"/> Asian Pacific Islander	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Low/Non Literate	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/>
	<input type="checkbox"/> Caucasian American	<input type="checkbox"/> Latin/Hispanic	<input type="checkbox"/> Males	<input type="checkbox"/>	<input type="checkbox"/>

## Section One: Training and Staff Development

**For each statement, check “Yes” or “No.” If you don’t know or the statement is not applicable to your position, check the corresponding box.**

1.	During the past year, I have attended at least one in-service or training that enhanced my knowledge of the ethnic and/or cultural groups served by my agency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	This past quarter, I have read at least one article that has expanded my knowledge of the client population we serve.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Since my hire date, I have had at least one training about the various social, cultural and/or ethnic issues that affect the reproductive health of the clients we serve.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	As part of an in-service or other training, I have had the opportunity to evaluate my own cultural and ethnic beliefs and potential biases.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	In most circumstances, I am able to communicate with people who are different from me without fear or anxiety.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	In the past, I have attended training about how to better serve clients who are culturally and ethnically different from me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	I have been trained in how to properly work with an interpreter while maintaining my client’s confidentiality.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8.	Our agency has books, videos, lists of websites and other resources that staff can use to enhance our knowledge and understanding of the clients we serve.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know
9.	In the past year, our agency has conducted at least one staff training in the area of cultural competence.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know
10.	In the last six months, our agency has sponsored at least one activity that has helped improve communication and teamwork between employees of different cultural, language, and ethnic groups.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know
<p><b>Count the number of checked boxes in each column and enter the total here.</b></p> <p style="text-align: center;"><b>Section One Subtotal</b></p>				

## Section Two: Agency Capacities

**For each statement check “Yes” or “No.” If you don’t know or the statement is not applicable to your position, check the corresponding box.**

11.	Our agency has a way to identify the country of origin of our clients.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
12.	At our agency, we use a posted sign to identify the different languages used by our clients.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
13.	We have trained interpreters easily available for various languages, including sign language.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
14.	As an agency, we have established connections with various community cultural, ethnic, and religious groups to help us better serve our clients.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
15.	Our agency has developed a list of various community resources we can use for referrals to better serve clients of various cultural groups.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
16.	The décor and magazines in our waiting room reflect the diversity of our client population.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
17.	The signs in our clinic are in the languages of the population groups we serve.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
18.	Our agency has the capacity to meet the needs of clients who are hearing or visually impaired.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
19.	Our agency shows its commitment to meeting the needs of adolescents by using peer providers or educators, offering hours that accommodate teens' needs and/or creating a teen-friendly environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
20.	Our agency demonstrates its accessibility and willingness to help meet the needs of our client population by offering evening and weekend hours and/or finding ways to assist our clients with transportation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
<p><b>Count the number of checked boxes in each column and enter the total here.</b></p> <p style="text-align: center;"><b>Section Two Subtotal</b></p>				

### Section Three: Health Education

**For each statement check “Yes” or “No.” If you don’t know or the statement is not applicable to your position, check the corresponding box.**

21.	Most client education materials, intake forms, and satisfaction surveys used by our agency are easy-to-read and available in the different languages spoken by our clients.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
22.	Our agency works with a community advisory board to help assess the usefulness and appropriateness of client education materials used by our agency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
23.	As an agency, we evaluate the reading level of client materials used by our agency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
24.	Our agency has a way to assess the quality, accuracy, and cultural appropriateness of the materials we use, including translated versions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
25.	Our agency has a way to identify those clients with low-literacy skills who may need assistance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
26.	Our agency has identified and used appropriate resources to serve clients who are not able to read in their own language.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
27.	Our agency is committed to providing health education materials that appeal to the various social, cultural, and special-needs groups we serve.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
<p><b>Count the number of checked boxes in each column and enter the total here.</b></p> <p style="text-align: center;"><b>Section Three Subtotal</b></p>				

## Section Four: Administrative Issues

**For each statement check “Yes” or “No.” If you don’t know or the statement is not applicable to your position, check the corresponding box.**

28.	Key staff members of our agency reflect the ethnic, racial, cultural, and language diversity of our client population.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
29.	Our agency's board members reflect the diversity of our client population.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know or N/A
30.	In my opinion, clinic leadership and staff show appreciation and respect for all co-workers no matter their cultural and ethnic background.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
31.	Our agency has a written plan to implement culturally and linguistically appropriate health care services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
32.	We have written policies to address concerns or complaints voiced by clients regarding unfair or inappropriate treatment due to their race, ethnicity, or the language they speak.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
33.	Our agency annually assesses our progress in implementing culturally and linguistically appropriate health care services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
<b>Count the number of checked boxes in each column and enter the total here.</b>				
<b>Section Four Subtotal</b>				

**Thank you so much for taking the time to fill out this survey!**

Your answers will be combined with all the other staff members who complete the survey. Once we analyze the results, we will use what we find out to improve the training of our staff and to improve the kind of care we provide to our clients.

Please talk with your supervisor, if you:

- Have any questions about this survey.
- Have any suggestions for staff training regarding this topic.
- Have ideas for improving the way our agency provides care to our clients.
- Would like to learn more about linguistic and cultural competency.

We truly appreciate any input you can give.



## Linguistic and Cultural Competency Self-Assessment Survey

### TALLY SHEET

Tally Sheet Number: \_\_\_\_\_ Tally Sheet Total: \_\_\_\_\_  
 Assessment Date: \_\_\_\_\_ Site: # \_\_\_\_\_  
 Years: \_\_\_\_ <1 yr \_\_\_\_ 1-3 yrs \_\_\_\_ 4-6 yrs \_\_\_\_ 7-10 yrs \_\_\_\_ >10 yrs  
 Job Category: Front Office \_\_\_\_ Back Office \_\_\_\_ Admin \_\_\_\_ Clinical \_\_\_\_

Survey Results					
	Survey #	Section One	Section Two	Section Three	Section Four
Enter only the number of "Yes" answers for each section.					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Add the subtotals per section and enter here. Then transfer to Score Sheet. <b>Section Totals</b>					

## Linguistic and Cultural Competency Self-Assessment Survey

### TALLY SHEET

Participant Information				
<b>What languages do your staff members read and/or speak well? Check all languages that staff members checked and tally the numbers of staff members who speak each language.</b>				
<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/>
<input type="checkbox"/> Armenian	<input type="checkbox"/> Hindi	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Thai	<input type="checkbox"/>
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Russian	<input type="checkbox"/> Urdu	<input type="checkbox"/>
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Vietnamese	<input type="checkbox"/>
<input type="checkbox"/> English	<input type="checkbox"/> Laotian	<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Client Information				
<b>What languages do your clients use as their primary languages? Check any box marked by survey participants. Make a note of how many participants check each box.</b>				
<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/>
<input type="checkbox"/> Armenian	<input type="checkbox"/> Hindi	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Thai	<input type="checkbox"/>
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Russian	<input type="checkbox"/> Urdu	<input type="checkbox"/>
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Vietnamese	<input type="checkbox"/>
<input type="checkbox"/> English	<input type="checkbox"/> Laotian	<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>
<b>What social, cultural, and special-needs groups does your office serve? Check any box marked by survey participants. Make a note of how many participants check each box.</b>				
<input type="checkbox"/> Adolescents	<input type="checkbox"/> East Indian	<input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/>
<input type="checkbox"/> African American	<input type="checkbox"/> East European		<input type="checkbox"/> Native American	<input type="checkbox"/>
<input type="checkbox"/> Asian Pacific Islander	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Low/Non Literate	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/>
<input type="checkbox"/> Caucasian American	<input type="checkbox"/> Latin/Hispanic	<input type="checkbox"/> Males	<input type="checkbox"/>	<input type="checkbox"/>



## Linguistic and Cultural Competency Self-Assessment Survey

### SCORE SHEET

Assessment Date: \_\_\_\_\_

Site (if applicable): \_\_\_\_\_

Job Category (if needed): \_\_\_\_\_

Tally Sheet #	Number of Participants per Tally Sheet	SCORES			
		Section One	Section Two	Section Three	Section Four
(Transfer the subtotals here from each Tally Sheet. Enter the subtotals for the appropriate section.)					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total each column here.					
Put total number of survey participants in each column. Divide each section total by this number.					
<b>Average Section Scores:</b>					

Round to the nearest whole number. Compare the Average Section Scores with the information and explanations provided in the Toolkit under the section titled *Understanding Your Score*.