

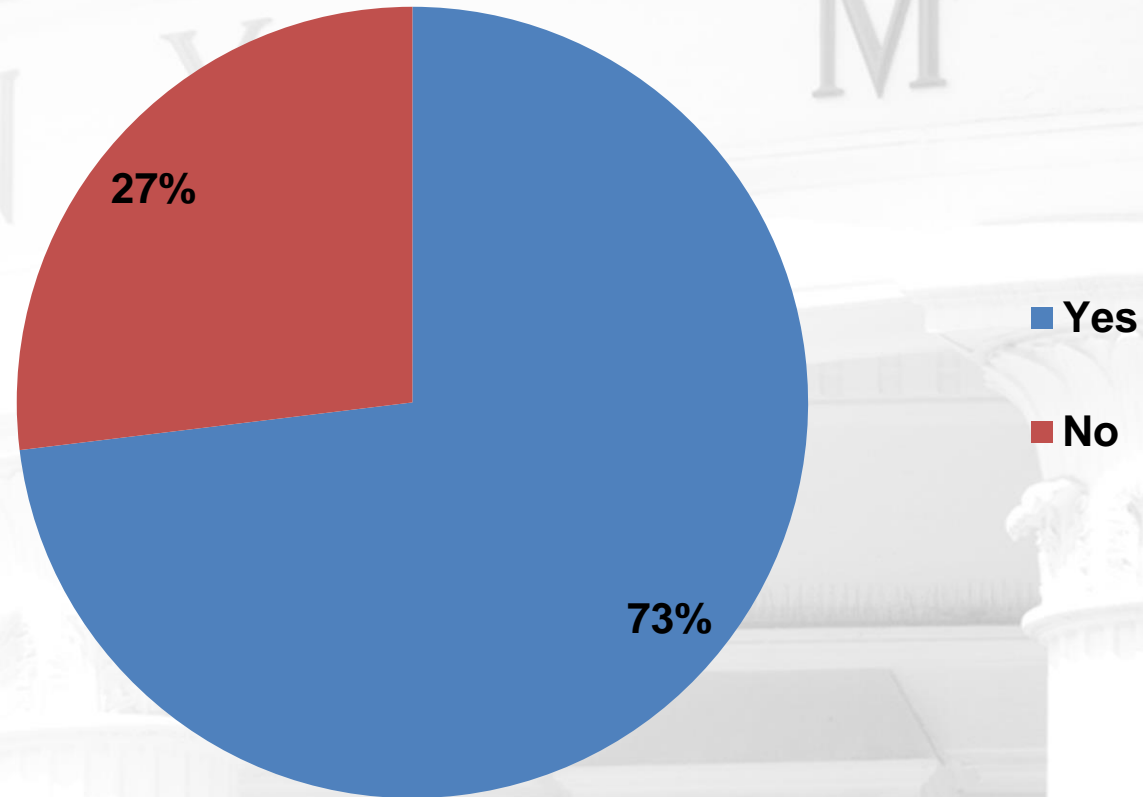


Albany Medical Center Hospital PPS

2016 Partner Survey Results - CCHL

November 2016

Completed Survey in 2015?

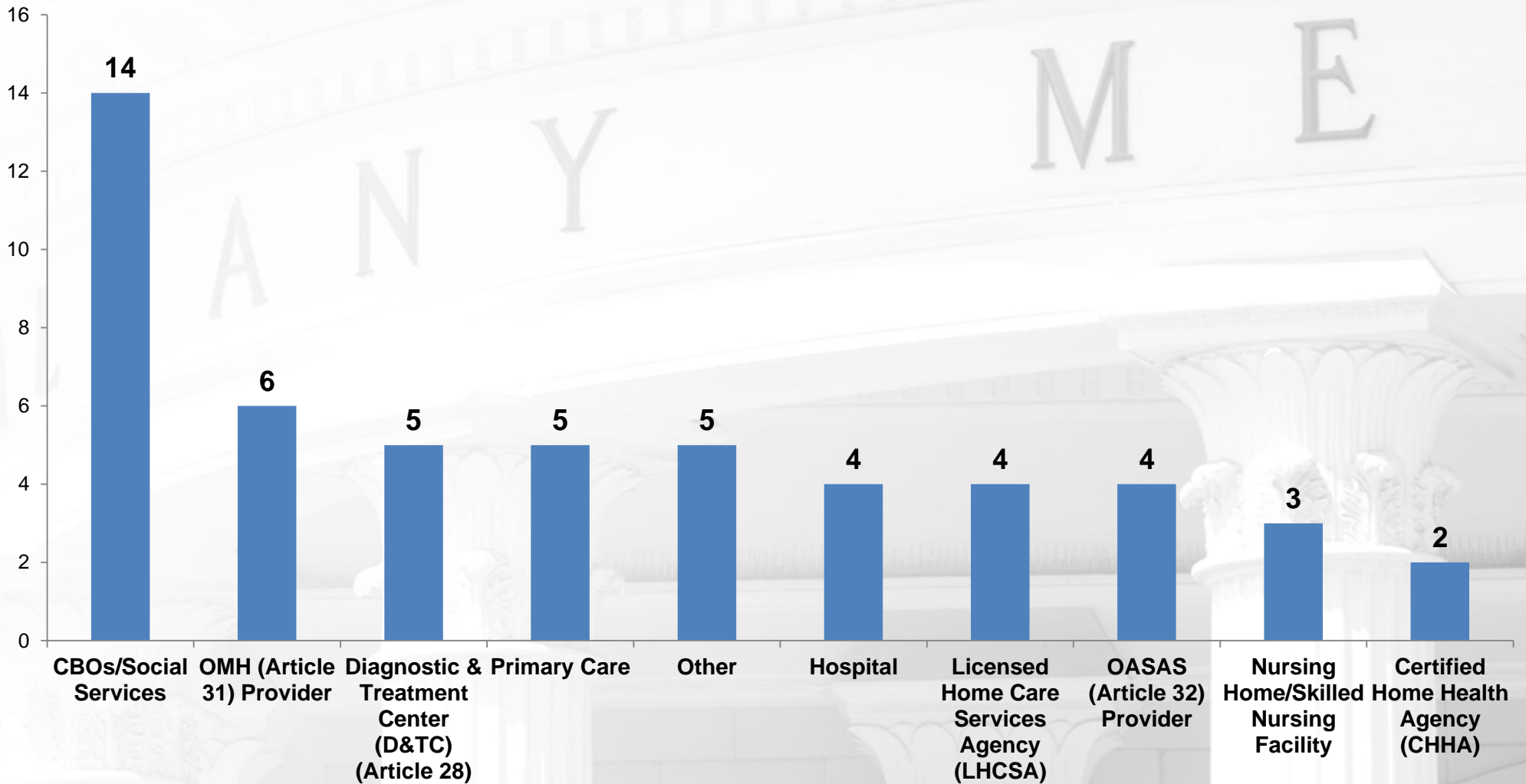


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Primary Provider Type



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The National CLAS Standards

Principal Standard

Standard 1. Provide effective, equitable, understandable and respectful quality services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

2016 Survey Results: Percentage of Patients with Diverse Languages

Languages Spoken by Patients	Range of Percentages (min – max)	Median (%)
English	50-100	95
American Sign Language (ASL)	0-7	0
Arabic	0-1	0
Bengali	0-5	0
Burmese	0-5	0
Cantonese	0-0	0
French	0-5	0
French Creole	0-3	0
Italian	0-7	0
Korean	0-5	0
Mandarin	0-5	0
Polish	0-5	0
Russian	0-4	0
Spanish	0-50	2
Yiddish	0-0	0
Other	0-24	0

33%(17) of organizations does NOT provide language services to cover ALL of the languages spoken by their patients.

37%(19) of organizations has an interpreting service to cover a multitude of languages

The National CLAS Standards

Governance, Leadership and Workforce

Standard 2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through **policy, practices and allocated resources**.

Standard 3. Recruit, promote and support a culturally and linguistically **diverse governance, leadership and workforce** that are responsive to the population in the service area.

Standard 4. **Educate and train governance, leadership and workforce** in culturally and linguistically appropriate policies and practices on an ongoing basis.

2016 Survey Results: Standard 2. Policy, Practices and Allocated Resources for CCHL

39%(20) responded that organization's mission statement incorporates cultural and linguistic competence in service delivery.

Of those with a strategic plan, **53%(20)** has organizational strategic plan that addresses cultural competence, including a cultural competence development plan.

58%(30) of organizations do NOT have allocated funds nor dedicated staff for cultural competence activities/initiatives.

19%(10) of organizations do NOT have any formal cultural competence-related policies for training, recruitment, language access, community engagement, and grievances.

2016 Survey Results: Cultural/Linguistic Competence Incorporated in Mission Statement

How cultural/linguistic competence is incorporated in Mission Statement
Cultural/linguistic competence is explicitly mentioned
Mission focuses on specific patient population served by organization
Cultural/linguistic competence is implied in missions to serve "all"

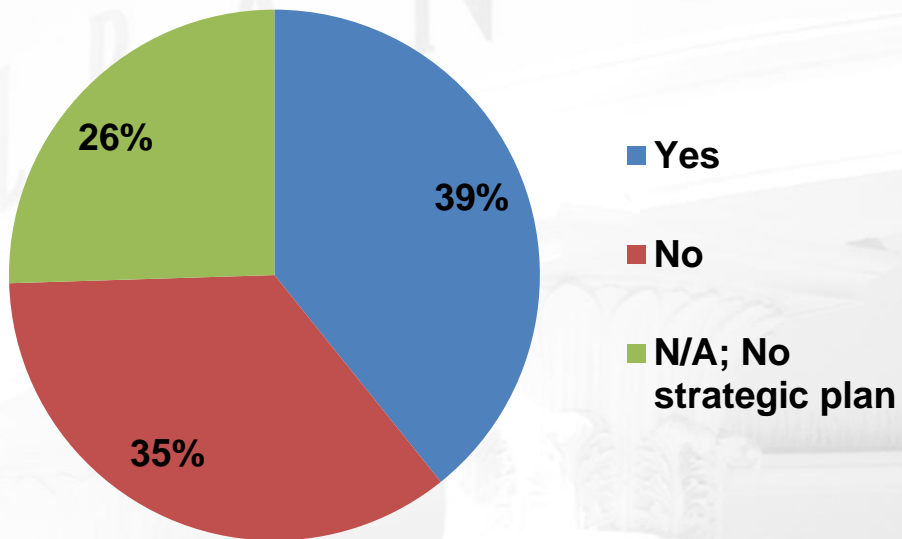
Reasons for not incorporating cultural/linguistic competence in mission statement	Number of Comments
Although practiced, not articulated in the mission	6
Mission Statement has not been updated	6
Mission Statement is general and does not specifically address cultural/linguistic competence	6
Mission statement is not considered for development/ not considered as a priority	4
Currently under development and/or review	2
Patient population served are homogeneous	2
Addressed in other place (Organization's Strategic Plan)	1
Need a guidance	1

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2016 Survey Results: Cultural Competence Incorporated in Strategic Plan



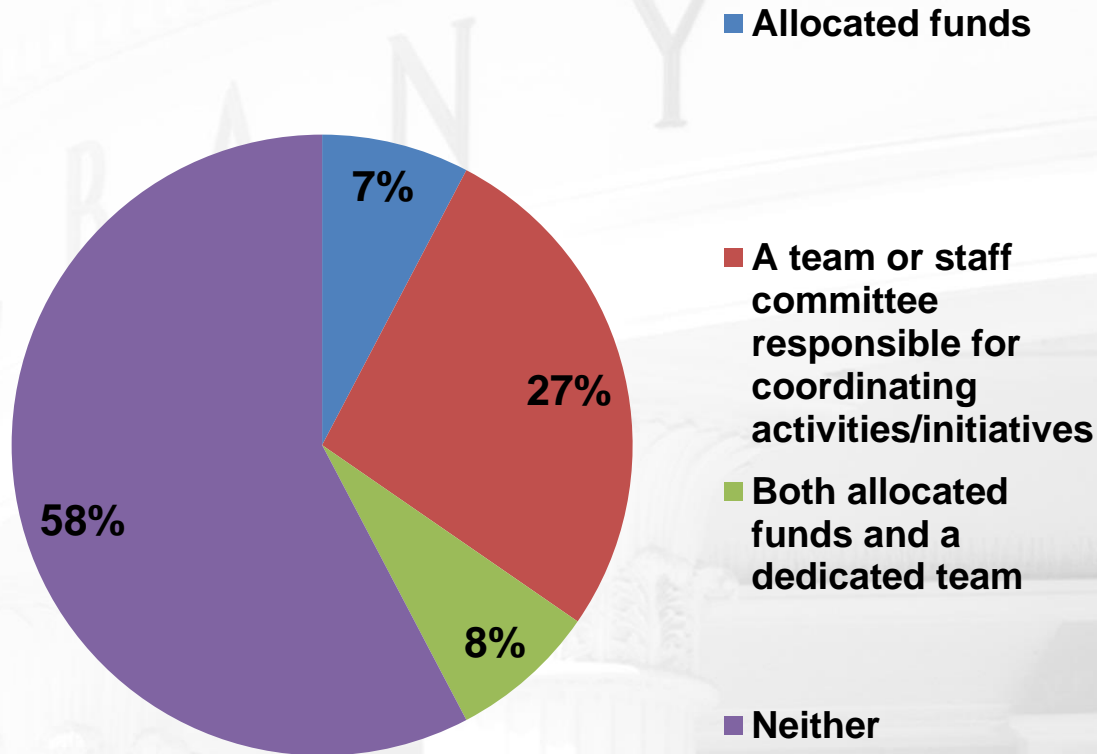
How cultural competence is incorporated in Strategic Plan	Number of Comments
Staff training	8
Community engagement goal	3
Diverse workforce recruitment	3
Affirmative action	1
Improvement of patient experience	1

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2016 Survey Results: Resources for Cultural Competence Activities/Initiatives



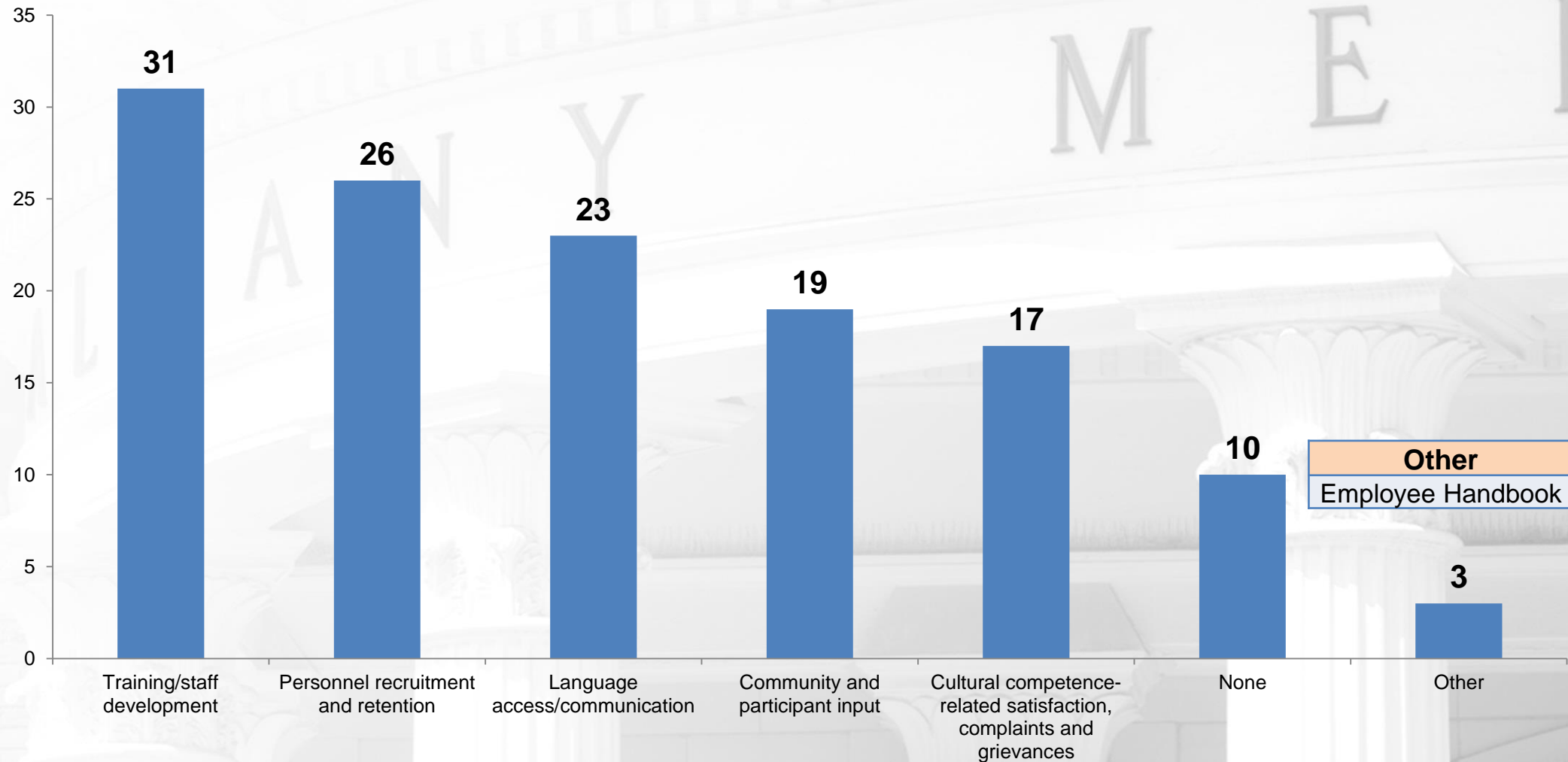
Sources of Allocated Funds (typically in combination)	Number of Comments
Grants	4
Operating Budget	3
Contributions/Donations	2
Clinical Revenue	1
Staff Training Budget	1

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2016 Survey Results: Formal Cultural Competence-Related Policies



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2016 Survey Results: Standard 3. Diverse Workforce and Training

54%(28) has active initiatives within their organizations for the promotion and retention of a culturally diverse workforce.

25%(13) responded that their organization requires or facilitates individual provider assessments regarding cultural competence.

2016 Survey Results: Current Training Related to CCHL

Current Training Areas Related to CCHL (all that apply)	Percent Answer
Motivational interviewing	48%
Trauma-informed care	46%
Introduction to cultural competency/health literacy	44%
Mental health first aid	35%
Best practices for caring for patients with disabilities (physical, intellectual, and developmental)	31%
Social determinants of health (e.g., Bridges out of poverty)	27%
Best practices for LGBTQ care	23%
Best practices for communicating through medical interpreters	19%
Best practices for geriatric care	17%
Mandates related to linguistic competence (e.g., Title VI, CLAS Standards, ADA mandates)	12%
N/A	10%
Religion and spirituality in healthcare	8%
Best practices for caring for refugee patients	6%
Other	4%

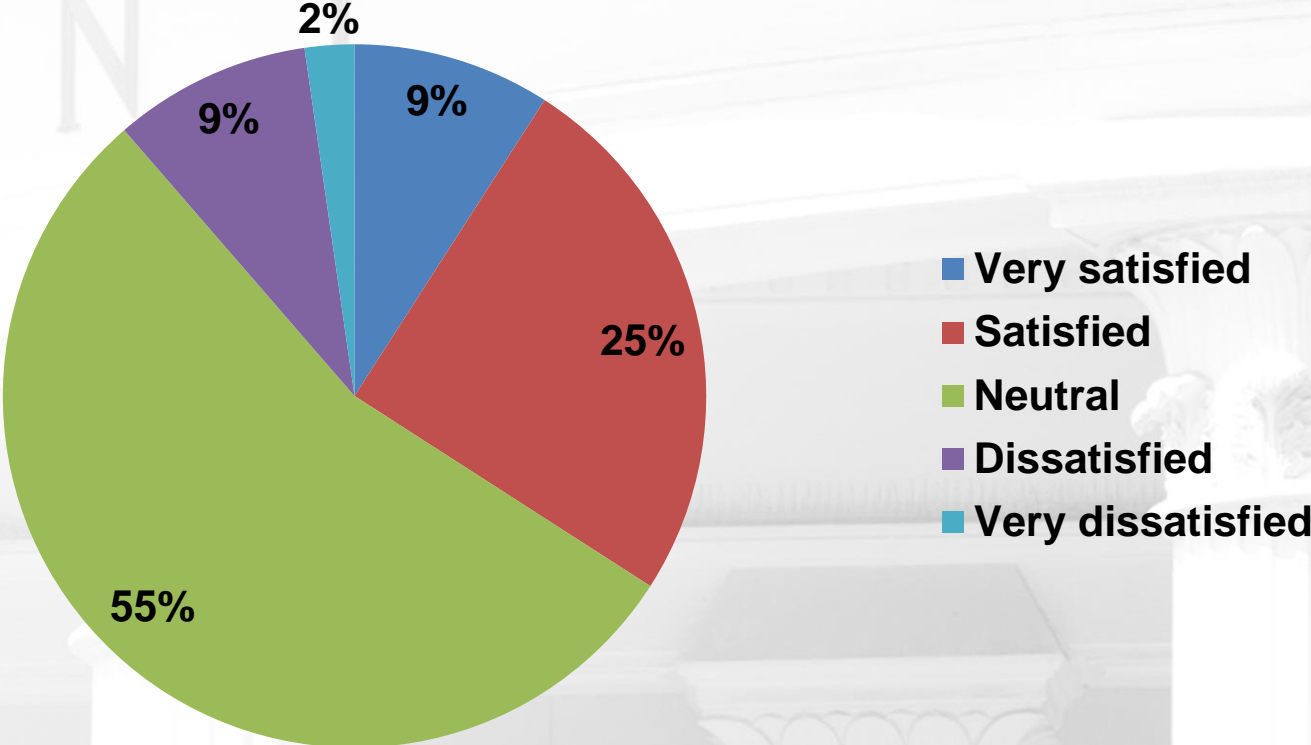
How Current Training is Delivered	Number of Comments
Annual training	8
New hire orientation	4
In-house staff educator	3
Training offered as needed	2
Ongoing in-service training	2

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2016 Survey Results: Satisfaction with Current Training Related to CCHL



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2016 Survey Results: Training Areas that Organizations Would Most Benefit From

Most Interested Training Areas (up to 3 per organization)	Percent Answer
Social determinants of health (e.g., Bridges out of poverty)	56%
Introduction to cultural competency/health literacy	44%
Best practices for caring for patients with disabilities (physical, intellectual, and developmental)	29%
Mental health first aid	23%
Best practices for geriatric care	21%
Motivational interviewing	17%
Mandates related to linguistic competence (e.g., Title VI, CLAS Standards, ADA mandates)	17%
Best practices for LGBTQ care	14%
Trauma-informed care	12%
Religion and spirituality in healthcare	12%
N/A	8%
Best practices for caring for refugee patients	6%
Best practices for communicating through medical interpreters	6%
Other	2%

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The National CLAS Standards

Communication and Language Assistance

Standard 5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Standard 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

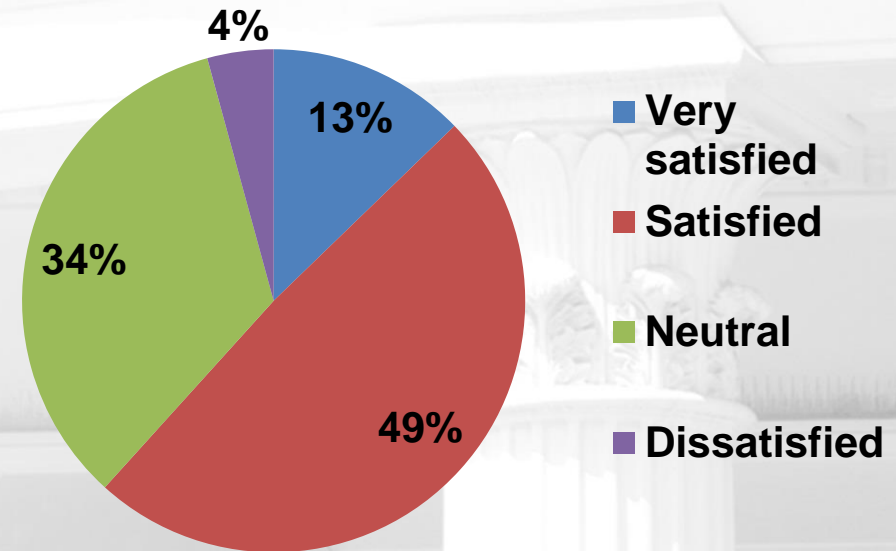
Standard 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Standard 8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

2016 Survey Results: Standards 5 through 8. Language Services

Satisfaction with Current Language Access Services

Methods for Language Interpretation Services	Percent Answer
No language interpreting services utilized	15%
Certified or trained medical interpreters	15%
Certified sign language interpreter	19%
Dual-role staff interpreter	33%
Phone interpreting service	67%
Video interpreting service	4%
Other (Volunteers, Training Software)	4%



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2016 Survey Results: Standards 5 through 8. Communication and Language Assistance

33%(17) conducts staff training on the use of interpreters.

27%(14) has a policy that minimizes the use of family members as interpreters.

33%(17) has policies and procedures in place to ensure that the content of printed materials reflect the different cultures and languages of the individuals and families served.

54%(28) translates and uses patient/client consent forms, educational materials and other information in other languages.

52%(27) has magazines, brochures and other printed materials in reception areas that reflect the different cultures and languages of the individuals and families served.

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The National CLAS Standards

Engagement, Continuous Improvement and Accountability

Standard 9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.

Standard 10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.

Standard 11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Standard 12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

Standard 13. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

Standard 14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

Standard 15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

2016 Survey Results: Standards 9 through 15. Community Engagement and Continuous Improvement

33%(17) requests feedback from patients regarding staff member's cultural competency.

87%(45) utilizes a regularly updated list of community-based resources for patient/client referral.

56%(29) has a community advisory committee(s) or similar structure representative of the population and community served.

91% of these organizations utilize internally maintained list.

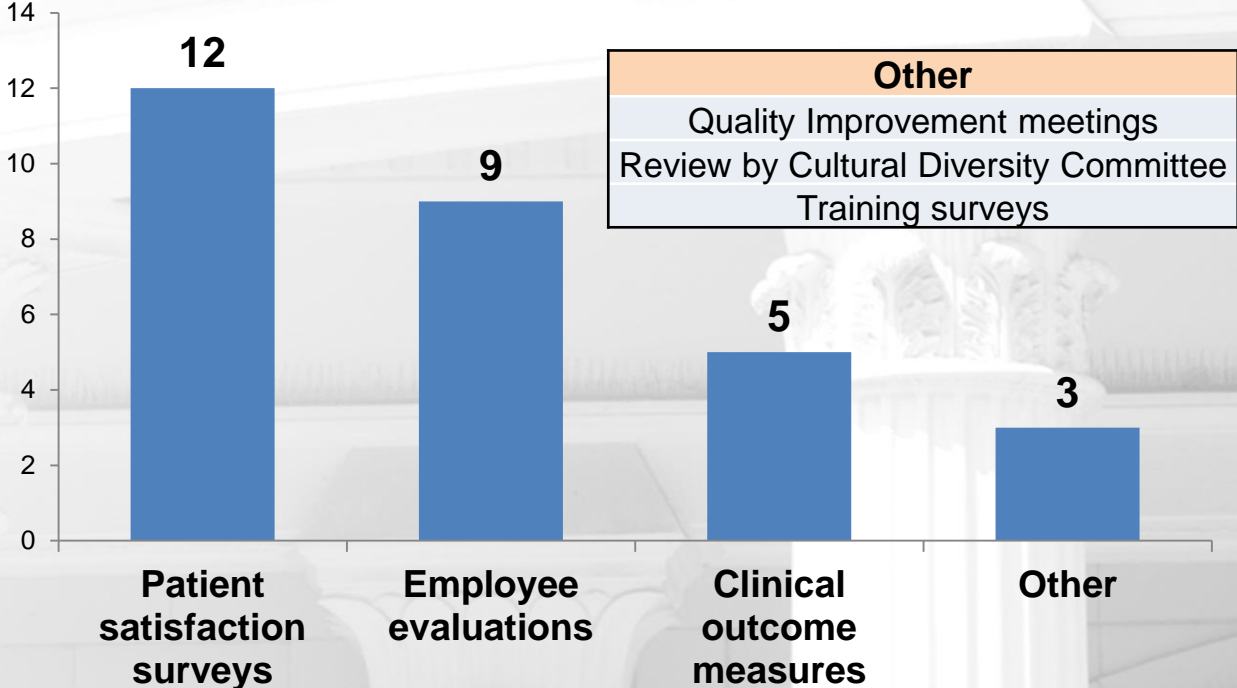
45% of these organizations utilize online community resource databases such as United Way 211.

62%(32) of organizations has a diverse governing body or policy-influencing group with representatives from populations and community served.

2016 Survey Results: Standard 10. Cultural Competence Plans/Activities/Initiatives as Part of QI Activities

27%(14) of organizations monitor and evaluate the implementation and results of cultural competence plans/activities/initiatives as part of any quality improvement activities.

Methods to measure success/progress of cultural competence plans/activities/initiatives



2016 Survey Results: Standard 11. Consistent Collection of Patient Demographic and Literacy Information

Patient Demographic Data Items	Percent Answer
Patient - race	83%
Patient - ethnicity	81%
Patient - sexual orientation	29%
Patient - primary language	79%
Patient - language proficiency and literacy level	33%
Patient - disability status	64%

4%(2) assesses the health literacy of patients using a formal health literacy assessment tool.

21%(11) has an established process and/or educational material to assist patients with the challenges they might encounter when using technology.