**Action Plan** to Create a Culturally Effective Organization

The seven elements of culturally effective organizations outlined below are drawn from a review of recommendations established by nationally recognized health/human service industry accrediting and standards-setting organizations, as well as subject matter experts. Culturally effective organizations are actively shaped and reshaped through the implementation of each of these seven elements. Reshaping occurs as organizations periodically evaluate progress toward organizational goals, while providing regular staff and management training, education, mentorship, and coaching.

**Leadership** – Executive leadership and boards of directors formally model the organization’s commitment by including consideration of cultural effectiveness in the strategic planning process and overall organizational expectations and practices. Leadership is responsible for guiding the organization to address biases and overcome resistance to change.

**Examples of potential action steps for Leadership:**
- Establish concrete goals, objectives, and strategies to meet cultural competency- and diversity-related targets with both executive and mid-level management.
- Gather results of formal assessments of organizational performance toward reaching these goals and report them to the board of directors on an ongoing basis.
- Use assessment findings to inform leadership and management decision-making and fine-tune the direction the organization is taking to reach its goals.
- Establish expectations for leaders to communicate with staff and the community-at-large about the organization’s commitment to diversity and cultural effectiveness.
- Recruit a board that reflects the community’s racial and ethnic composition to ensure that community needs, cultural views, and expectations will be represented at the leadership level during strategic planning and throughout the plan’s implementation.

Developed by the NH Office of Health Equity, November 2017, revised January 2019.
For more information contact HealthEquity@dhhs.nh.gov or 603-271-3986.
Institutional Policies and Procedures – Organizations take a systematic approach to formalizing their commitment to cultural effectiveness by articulating their vision through written policies, procedures, goals, and practices.

**Examples of potential action steps for Institutional Policies and Procedures:**
- Incorporate the organization’s commitment to cultural effectiveness in the mission statement.
- Implement policies that promote the collection of race, ethnicity, and language data to measure and support enhanced cultural effectiveness.
- Stratify data by race, ethnicity, and language to identify and address disparities as part of all quality improvement efforts.
- Provide cultural competency training, mentoring, and coaching for all levels of staff on a regular basis.

**Data Collection and Analysis** – Data related to cultural effectiveness and workforce diversity informs strategic planning and tailors service delivery to meet community needs. Data is also used to identify treatment variation and differences in patient/client outcomes and satisfaction across groups, and to monitor the impact of cultural effectiveness-related policies and activities on health equity and outcomes.

**Examples of potential action steps for Data Collection and Analysis:**
- Assess characteristics of the communities served (e.g., patient/client demographics) and the resources that already exist in these communities.
- Evaluate community health needs, a process that the federal government now requires for 501(c)(3) hospital organizations, at least once every three years.
- Prioritize data collection objectives and allocate time for staff to carefully develop the design and implementation of data collection and analysis plans.
Community Engagement – Organizations are more effective when they engage the community in a two-way process to learn, communicate, and share knowledge. This requires establishing relationships that position the community as an active partner in organizational decision-making.

Examples of potential action steps for Community Engagement:
- Engage community leaders to help structure and conduct community (health) needs assessments.
- Communicate (health) needs assessment findings to community leaders and others to help interpret and validate findings and receive input on implications for service delivery.
- Use community input in organizational decision-making and ensure that Patient and Family Advisory Councils reflect the diversity of the community.

Language and Communication Access – Effective communication is essential to the provision of quality and culturally competent care/services. Several federal civil rights laws require communication assistance: Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, and Section 504 of the Rehabilitation Act of 1973. In response, organizations are establishing policies and systems to identify and track patients’/clients’ communication access needs, including preferred language, and to provide appropriate interpretation, translation, and communication assistance services.

Examples of potential action steps for Language and Communication Access:
- Ensure that printed and multimedia materials, as well as signage, are translated into languages commonly found in the communities served and provide patients/clients and family members with timely access to interpreters.
- Make information about the availability of no-cost language interpreters and document translation highly visible.
- Establish formal policies to ensure all internal and external interpreters are qualified for their work by setting minimum credential, competency, and/or training requirements.

Staff Cultural Competence – Healthcare organizations implement a range of practices to ensure that patients/clients from all racial and ethnic backgrounds receive optimal care/services. To meet
accreditation standards, healthcare organizations are integrating patient/client preferences into care delivery and supporting these changes with organizational policies and procedures which enable staff members to fulfill these expectations. The cultural competence of all staff requires continuous learning and professional development.

**Examples of potential action steps for Staff Cultural Competence:**
- Individualize the delivery of care to meet patients'/clients' cultural needs.
- Provide culturally appropriate food selections, chaplaincy services, and plans of care including the integration of traditional practices with western medicine.
- Respect cultural traditions for care/service delivery, particularly in the areas of end-of-life and patient/client-provider gender interaction.
- Support staff members as they learn to confront biases and advance their cultural competence.

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**Workforce Diversity and Inclusion** – The demographic makeup of New Hampshire’s population is changing rapidly. While racial/ethnic minority groups make up 9% of New Hampshire’s population and will continue to bring increased diversity to the state’s workforce candidate pool, they are underrepresented in many settings. Organizations can address underrepresentation by diversifying their workforce and introducing practices to ensure that employees from all backgrounds have the opportunity to contribute meaningfully to the workplace.

**Examples of potential action steps for Workforce Diversity and Inclusion:**
- Establish relationships with cultural leaders, venues that serve diverse populations, and media outlets—such as non-English newspapers and churches that serve specific ethnic groups—to assist with recruitment.
- Require search firms and recruiters used for management and advanced skill positions to present a field of candidates that reflects the diversity of the community.
- Engage in targeted retention and employee career promotion efforts to build and maintain workforce diversity at all levels.

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