

# Evaluation Report

**UCLA**  
**FIELDING**  
**SCHOOL OF**  
**PUBLIC HEALTH**

**Cultural Competency Assessment**  
**San Bernardino County Department of Public Health**

Report dated  
2/20/18

As part of a consulting service contract between the San Bernardino County Department of Public Health (SBC DPH) and the UCLA Fielding School of Public Health (FSPH), a Cultural Competency assessment was developed and administered between December 18, 2017 and January 12, 2018 to identify the SBC DPH organization's capacity to address health inequities and to increase cultural competence. The assessment was developed by Drs. Cathy Lang and Alina Dorian, faculty at the UCLA FSPH, with questions adapted from the Bay Area Regional Health Inequities Initiative's "Local Health Department Organizational Self-Assessment for Addressing Health Inequities" (<http://www.phi.org/uploads/application/files/orxow77pv5ql7zq8ibbecfxkvbmxnskqe0hohbmx6h6q2adk.pdf>) and the National Center for Cultural Competence at Georgetown University Center for Child and Human Development "Cultural and Linguistic Competence Policy Assessment" (<https://nccc.georgetown.edu/documents/CLCPA.pdf>). Final review, edits, and approval of the assessment was provided by SBC DPH, including the Health Equity Committee and SBC DPH leadership. The SBC DPH sent the email announcement and invitation for staff and leadership to respond to the Cultural Competency assessment. SurveyMonkey was used to administer the online assessment.

The Cultural Competency assessment is composed of 61 questions and divided into five sections: Demographics (Questions 1-7), which includes questions that assessed how long respondents have worked in the public health field, at SBC DPH, and in their current position, as well as whether they work directly or supervise staff who work with community residents; Program Philosophy – Diverse Communities and Program Planning (Questions 8-27), which relates to program planning at SBC DPH and whether Programs address issues related to the diverse communities and existing health inequities in the community, and if the planning process includes community and staff perspectives; Program Philosophy – Support Received by Staff from SBC DPH (Questions 28-31), which examines to what extent SBC DPH supports staff working with external partners and community members to address environmental, social and economic conditions that impact health inequities; Organizational Philosophy – Mission and Values (Questions 32-38), which assesses whether SBC DPH's mission, vision, values and

strategic plan clearly communicates an organizational commitment to addressing health inequities; and Personal Opinions and Experiences, which assesses personal opinions and experience related to various aspects of the environmental, social, and economic conditions that impact health (Questions 39-60). All questions administered required a response except for the final question (Question 61) that gave respondents an optional opportunity to provide additional comments regarding the assessment. Supervisors (not senior management), Program Manager/Program Coordinators, and Executive Leadership completed the entire assessment, while Administrative and Frontline Staff were not asked to complete Questions 8-27, which referred to questions related to the involvement of community and staff perspectives during the program planning process at SBC DPH. The assessment was anonymous and took approximately 15-20 minutes to complete, and participants were told that the results will be utilized in aggregate and summary form only.

The Director of SBC DPH, Trudy Raymundo, sent an email notice of the cultural competency assessment on December 18, 2017 to 703 DPH email addresses, of which 605 were Administrative or Front Line staff and 98 were Supervisors (not senior management), Program Manager/Program Coordinators, or Executive Leadership. Supervisors were asked to make arrangements for staff with no access to emails or computers. The initial deadline to complete the assessment was set to January 5, 2018 and then extended to January 12, 2018. Two reminder emails were sent on January 3, 2018 and January 11, 2018. Although the email notice asked respondents to participate by January 12, 2018, a few responses continued to be received through January 31, 2018. The assessment was officially closed on February 2, 2018. SBC DPH offered a raffle for five \$20 Starbucks gift cards for those who completed the assessment and was interested in entering their name into the raffle. Entry into the raffle involved a separate mechanism and participation cannot be linked to the cultural competency assessment.

A total of 355 responses were initially received, composed of 278 Administrative and Front Line Staff, and 77 Supervisor/Program Manager/Program Coordinator/Executive Leadership.

Throughout the assessment, participants dropped out and did not complete the full survey; there were 240 complete responses, composed of 193 Administrative/Front Line Staff and 47 Supervisor/Program Manager/Program Coordinator/Executive Leadership. As results did not vary greatly, please note that the results summarized in this report will consist of all responses available for each question rather than examining only the responses from those who completely finished the assessment. For detailed results and bar charts, as well as additional comments provided by some of the participants, please see the full results following this report.

### **Demographics**

The majority of the respondents (53%) have worked in the public health field for at least 6 years. Of this group, 39% have worked at least 11 years in the public health field. Thirty-six percent worked 1-5 years while 11% worked less than 1 year. In regards to the length of time the respondents have worked at SBC DPH: 13% less than 1 year, 41% 1-5 years, 12% 6-10 years, and 33% who have worked at least 11 years at SBC DPH. Sixty-one percent of the respondents responded that they work directly with community residents in their current position, while 21% responded that they supervise staff members who work directly with community residents.

### **Program Philosophy – Diverse Communities and Program Planning**

Seventy-eight percent of the Supervisor/Program Manager/Program Coordinator/Executive Leadership participants (N=69) responded that their Program was structured to address the environmental, social and economic conditions that impact health fairly or very well, while 72% responded that their Program was structured to address the cultural differences that impact health fairly or very well. These participants also responded that their Program is able to describe the languages and dialects used by the culturally diverse groups in the community, consider and incorporate culture in the delivery of programs and services, and also reviews procedures to ensure that they are relevant for the delivery of linguistically competent programs and services fairly or very well (72%, 74%, and 73% respectively). Over 80% of the participants also reported that the Programs provide materials and services in the languages

used by community members, as well as use pictures, posters and printed materials that reflect diverse cultures and ethnic backgrounds of the community members, or materials that are appropriate for the cultural, linguistic, and literacy needs of the community fairly or very well. Eighty-nine percent of the participants responded that the Program is open and responsive to community feedback on its programs and services fairly or very well. There are several items where there were fewer than 70% of the participants reporting that their Program was fairly or very well addressing the areas in question. For example, 33% of the participants were uncertain or felt the Program did not or was barely familiar with the current and project demographics of their service area. Thirty-five percent of the participants were also unclear or felt their program did not or barely was able to describe the environmental, social and economic conditions that impact health among culturally diverse groups in the community. Forty-two percent of the participants were unclear or felt their Program did not or barely was able to describe the social strengths or diverse cultural groups in the community. With percentages ranging between 43 to 61 among the various community representatives (e.g., community members, community leaders, community-based organizations, faith-based organizations, academic institutions, other public agencies/non-profit organizations, and other private institutions/businesses), the participants were unclear or felt their Program did not or barely know the health beliefs, customs, and values for the culturally diverse groups in the community. Forty percent of the participants responded that they were unsure or their Program did not or barely have strategies in place to minimize barriers to community participation and access to services. At least 50% of the participants responded that they were unsure or their Program does not or barely routinely and systematically involve members from culturally diverse groups to participate in needs assessment, program planning, service delivery, evaluation of programs and services, and quality improvement activities. Participants also responded that they were unsure or their Program did not or barely: collaborated with community-based organizations to address the physical and mental health needs of the various culturally and linguistically diverse groups in the community (52%); have strategies in place to engage community groups to address health inequities (58%). Forty-four percent of the participants also responded that they

were unsure or their Program's external partner did not or barely represents the interests and needs of the culturally diverse community members.

### **Program Philosophy – Support Received by Staff from SBC DPH**

Majority or at least half of the participants (N=323) responded they were unsure, did not or barely: received training about the different ways public health can address the environmental, social and economic conditions that impact health (50%); received flexible and/or paid time to attend community meetings and otherwise engage with community members (67%); received mentoring or coaching to provide support in addressing health inequities (71%); and provided mentoring or coaching to staff to support them in addressing health inequities (77%).

### **Organizational Philosophy – Mission and Values**

The results from this section of questions were generally showing that SBC DPH's mission, vision, values and strategic plan communicates an organizational commitment to addressing health inequities. Improvement can be made in regards to having strategies in place to advocate for public policies that address environmental, social and economic conditions that impact health; 64% of the participants (N=311) felt SBC DPH does fairly or very well in this area. For those programs that have their own strategic plan, 43% of the participants responded that they were unsure or that it did not/barely describes efforts to address health inequities.

### **Personal Opinions and Experiences**

About 292 participants completed the set of questions which focused on personal opinions and experiences. For the majority of the responses, 70% or more of the participants felt fairly or very well that they: were familiar with the demographic composition of the community they serve (84%); were familiar with the strengths and resources of the community they serve (72%); familiar with the major health inequities affecting residents in the community they serve; consider cultural differences of their community in regards to the services they provide (88%); are confident that they know how to enhance their cultural competency skills (85%); have a good understanding of the potential consequences to the population or community if the

public health system is not culturally competent (91%); have a good understanding of what it means to be culturally competent (93%); have a good understanding of how culture can affect health (92%); interview in an appropriate manner when they observe other staff engaging in behaviors that appear culturally insensitive or reflect prejudice (70%); feel their work environment is supportive of many different cultural perspectives (90%); are mindful of cultural factors that may be influencing the behaviors of community members, families, and other program participants (91%); are flexible, adaptive and initiate changes which will better serve their community (92%); utilize methods of communication that are most helpful for community members (80%); recognize community members and family members make the ultimate decisions (95%); continue to learn about the cultures of the community members (83%); reflect on and examine their own cultural background, biases and prejudices related to race, culture and sexual orientation that may influence their behaviors (82%); have taken steps to enhance their own cultural competence and/or cultural understanding (77%); understanding what the environmental, social, and economic conditions are that impact health (90%); and believe it is important to understand the beliefs and values of the residents and community members served by SBC DPH (97%). The only items that were assessed lower than 70% fairly or very well were 68% of the participants were fairly or very well familiar with information sources that can help them identify and learn about major concerns in the community they serve and 47% of the participants were unsure or felt that they did not know or barely knew how to resolve a conflict when SBC DPH's priorities don't match the priorities of a community group they are working with.

### **Additional Comments Provided (Optional)**

A final optional question at the end of the assessment gave participants the opportunity to provide any comments. Eighteen participants provided comments; a few comments were in reference to how the assessment questions were structured, while the majority provided additional commentary regarding participants' personal experiences or suggestions. The responses are provided below:

- *I assume that we should read this as "Do you agree with these statements: slightly disagree (barely), agree (Fairly Well), strongly agree (Very Well). This was worded in a confusing way.*
- *Many questions are not applicable to my program. N/A should be a choice. For example: question 45. The ultimate decision is up to my programs interpretation of code as the regulating authority. It is not up to family members, etc.*
- *Sometimes I am unable to help my community due to policy and procedures in place. I have other peers that work as the case managers and make decisions regardless of my professional advice. The community will not be assisted properly, when my advisements are not considered.*
- *Staff should be allowed to attend trainings. When staff asks to attend trainings, were told to do it on our own time...vacation time.*
- *More action needs to be taken to match the literature.*
- *Some questions imply things happen in the work place that actually don't*
- *While not personally being involved in this, I have observed what others in my section and other sections have done to address inequities in our community.*
- *Having an MPH, I feel confident about my knowledge and skill on culturally competencies.*
- *I do believe my department is a little different; even though we are in the public health department we primarily deal with animal ordinances.*
- *I did not like the use, or option, of "Barely".*
- *I feel that the people in leadership positions at this Health Dept. 10 years ago knew more about what Public Health is than the current leadership. In terms of training, the only reason I could answer "fairly well" is that I was thinking of the entire time I have been here, and not just the last 10 years. I feel the front line staff like myself used to be actively mentored and encouraged to partner with different community organizations, but not any more. I also don't feel that the people at the Administrative level in the Health Dept. or SB County as a whole are interested in the contributions/opinions of people like myself. There is a lot of lip service to lofty ideals, but I don't see a lot of*



*effective action. I feel that this is because the people at the top don't respect the expertise of line staff. This organization is run from the top down, not the bottom up, regardless of what it says on the web-site.*

- *I think that we should have our community involvement in clinics such as volunteers reading in the waiting room or massage therapy students getting hours there, and have the clinics be part of the community rather than satellites which people don't claim as their own.*
- *The questionnaire barely touches on specifics which makes answering the questions difficult. Also, if there are instances that one may have not experienced a specific scenario, how does one answer accurately?*
- *I refer to some programs outside of our own, but rely on referring our patients to our social workers, internet/intranet resources and the few programs that we are familiar with in DPH.*
- *Needles is a very low resource area and it seems that getting resources is difficult.*
- *customers are becoming more demanding*
- *Vital Statistics does not deal directly with health inequities. However, we do interact with culturally diverse customers who purchase vital records*
- *I would love to have more opportunities (webinars, seminars, reading or viewing materials) to listen to the perspectives of community members, especially from different ethnic/racial, cultural, religious, and/or socioeconomic groups.*

## **Conclusions**

Only Supervisors, Program Managers/Program Coordinators, and Executive Leadership (N=69) were asked a set of questions which assessed the inclusion of community/staff perspectives during program planning activities at the SBC DPH, as well as whether Programs address issues related to the diverse communities and existing health inequities in the communities. Results show that over 70% of the participants felt the Programs are structured to address the environmental, social and economic conditions, as well as the cultural differences that impact health fairly or very well. Over 80% of the participants reported that Programs provide

materials and services that are appropriate for the cultural, linguistic, and literacy needs of the community fairly or very well, and the Programs are open and responsive to community feedback. Participants, however, showed greater uncertainty or thought the Programs did not or barely knew the health beliefs, customs, and values for the culturally diverse groups in the community, especially when specific community representatives were assessed for this question. More than 30% of the participants were also uncertain or felt the Program did not or was barely able to describe the environmental, social and economic conditions that impact health among culturally diverse groups in the community. Forty percent of the participants responded that they were unsure or their Program did not or barely have strategies in place to minimize barriers to community participation and access to services, and at least 50% of the participants indicated that they were unsure or their Program does not or barely involved members from culturally diverse groups to participate in needs assessment, program planning, service delivery, evaluation of programs and services, and quality improvement activities. Overall, results show that Supervisors, Program Managers/Coordinators, and Executive Leadership are unsure or feel that Programs did not or barely involve members and organizations of the community for program planning activities, and there is room for improvement to better understand/address the health needs of various culturally diverse groups.

Results show that the majority or at least half of the participants (N=323) were either unsure or felt that the SBC DPH did not or barely provided training about the different ways public health can address the environmental, social and economic conditions that impact health or provided flexible and/or paid time to attend community meetings and otherwise engage with community members. More than 65% of the participants also were unsure or felt that they did not or barely received or provided mentoring or coaching to provide support in addressing health inequities.

In regards to the SBC DPH mission and values, results show that the majority of participants felt the mission, vision, values, and strategic plan communicates fairly or very well an

organizational commitment to addressing health inequities. Some improvement can be made in regards to having strategies in place to advocate for public policies that address environmental, social, and economic conditions that impact health, as well as reviewing the strategic plans of Programs to ensure that they describe efforts to address health inequities.

Personal opinions and experiences related to various aspects of the environmental, social, and economic conditions that impact health were provided by about 292 participants. Over 90% of the participants responded that they have a fairly or very well understanding of what it means to be culturally competent, as well as the potential consequences to the population/community if the public health system is not culturally competent and have a good understanding of how culture can affect health. Over 80% of the participants also felt they are fairly/very well flexible, adaptive and initiate changes which better serve their community and continue to learn about the cultures of the community members. Ninety-seven percent of the participants believe it is important to understand the beliefs and values of the residents and community members served by SBC DPH. However, lower results appeared in the areas of whether they were familiar with information sources that can help them identify and learn about major concerns in the community they serve, as well as knowing how to resolve a conflict when SBC DPH's priorities don't match the priorities of a community group they are working with.

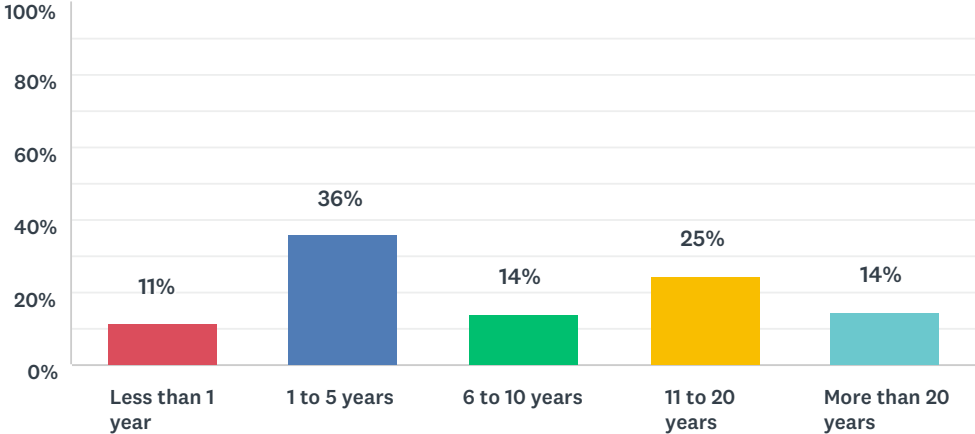
As a follow-up to this Cultural Competency assessment, a full-day training titled "Cultural Competency and Health Equity: Training for the Department of Public Health San Bernardino County" will be conducted by Dr. Alina Dorian and provided to SBC DPH staff on Wednesday, February 21, 2018. Learning objectives for the training will include: understanding the difference between health inequities and health disparities; defining and describing cultural competency and the importance of cultural competency and cultural acceptance; understanding how to apply the training to improve services provided to the communities served by the SBC DPH; and describing and identifying social determinants of health and how they lead to social and health inequities.

## **Appendix**

- Full results for Cultural Competency Assessment for questions 1-61, administered between December 18, 2017 and January 12, 2018.

# Q1 How long have you been working in the public health field?

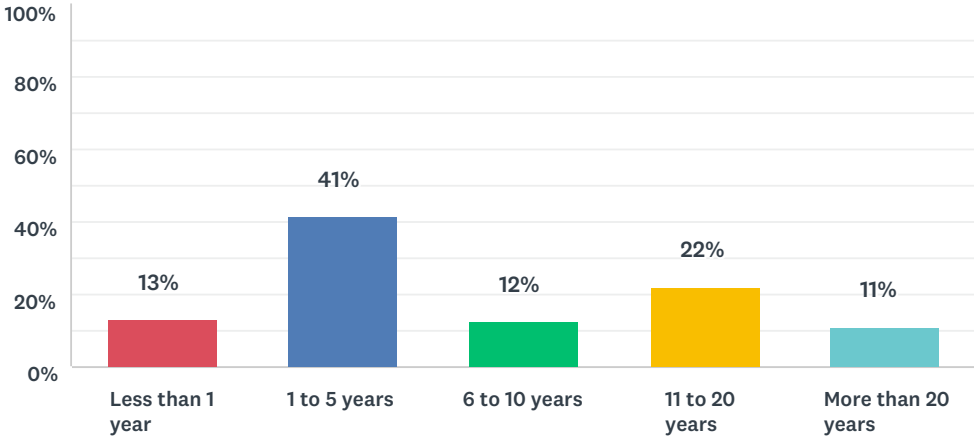
Answered: 355 Skipped: 0



| ANSWER CHOICES     | RESPONSES |            |
|--------------------|-----------|------------|
| Less than 1 year   | 11%       | 40         |
| 1 to 5 years       | 36%       | 127        |
| 6 to 10 years      | 14%       | 50         |
| 11 to 20 years     | 25%       | 87         |
| More than 20 years | 14%       | 51         |
| <b>TOTAL</b>       |           | <b>355</b> |

## Q2 How long have you been at SBC DPH?

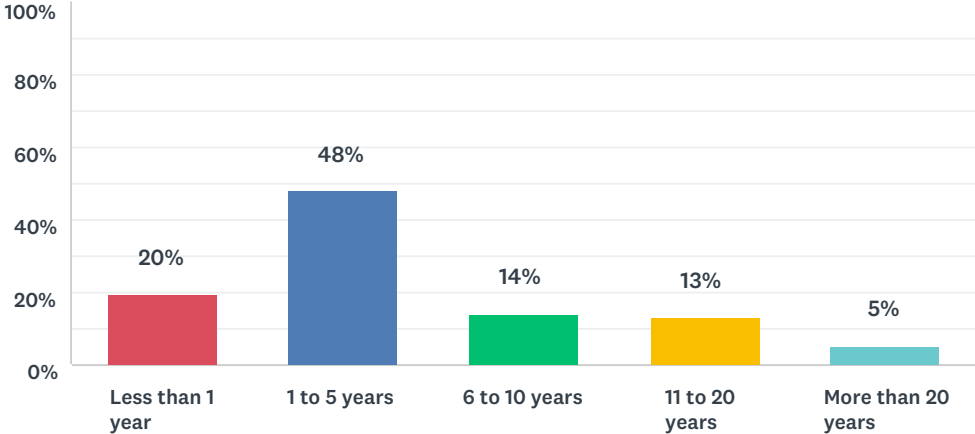
Answered: 355 Skipped: 0



| ANSWER CHOICES     | RESPONSES |            |
|--------------------|-----------|------------|
| Less than 1 year   | 13%       | 47         |
| 1 to 5 years       | 41%       | 147        |
| 6 to 10 years      | 12%       | 44         |
| 11 to 20 years     | 22%       | 78         |
| More than 20 years | 11%       | 39         |
| <b>TOTAL</b>       |           | <b>355</b> |

### Q3 How long have you been in your current position?

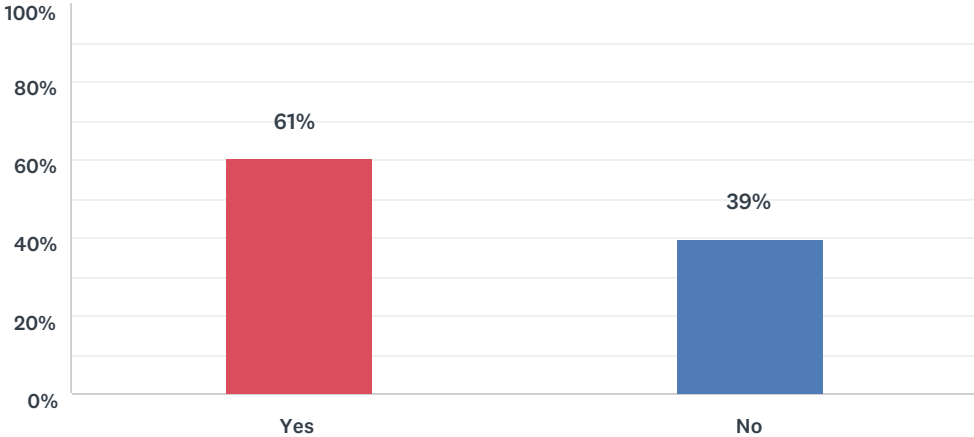
Answered: 355 Skipped: 0



| ANSWER CHOICES     | RESPONSES |            |
|--------------------|-----------|------------|
| Less than 1 year   | 20%       | 70         |
| 1 to 5 years       | 48%       | 170        |
| 6 to 10 years      | 14%       | 50         |
| 11 to 20 years     | 13%       | 47         |
| More than 20 years | 5%        | 18         |
| <b>TOTAL</b>       |           | <b>355</b> |

### Q4 Do you work directly with community residents in your current position?

Answered: 355 Skipped: 0

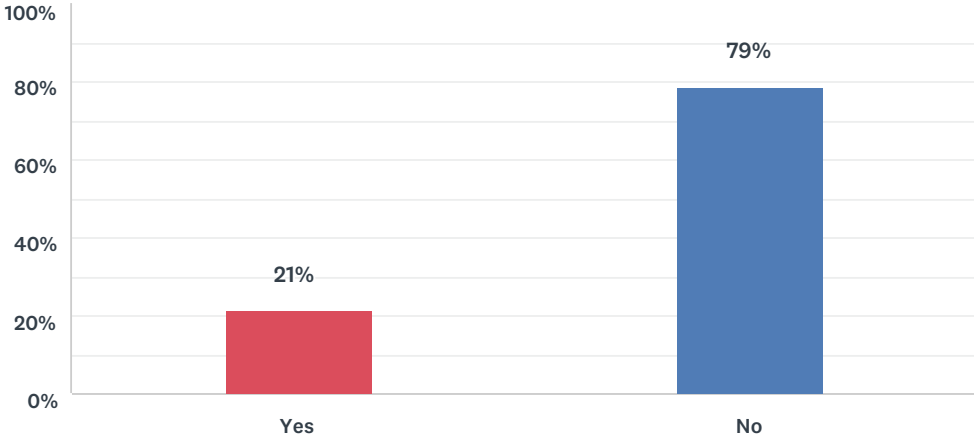


| ANSWER CHOICES | RESPONSES |     |
|----------------|-----------|-----|
| Yes            | 61%       | 215 |
| No             | 39%       | 140 |
| TOTAL          |           | 355 |



### Q5 Do you supervise staff members who work directly with community residents?

Answered: 355 Skipped: 0



| ANSWER CHOICES | RESPONSES |     |
|----------------|-----------|-----|
| Yes            | 21%       | 76  |
| No             | 79%       | 279 |
| TOTAL          |           | 355 |

## Q6 What program unit do you work in?

Answered: 355 Skipped: 0

| #  | RESPONSES                                     | DATE               |
|----|---|--------------------|
| 1  | C SART  | 1/31/2018 9:10 AM  |
| 2  | Communicable Disease                          | 1/19/2018 9:36 AM  |
| 3  | Food  | 1/18/2018 4:09 PM  |
| 4  | Environmental Health Services                 | 1/18/2018 9:52 AM  |
| 5  | Information Services                          | 1/17/2018 3:42 PM  |
| 6  | Heath Education                               | 1/17/2018 1:46 PM  |
| 7  | PSE EHS                                       | 1/17/2018 10:50 AM |
| 8  | DPH   | 1/16/2018 8:53 AM  |
| 9  | Environmental Health Services: Food Inspector | 1/16/2018 8:21 AM  |
| 10 | .   | 1/13/2018 9:20 AM  |
| 11 | EHS   | 1/12/2018 4:51 PM  |
| 12 | Environmental Health                          | 1/12/2018 4:17 PM  |
| 13 | Communicable Disease                          | 1/12/2018 3:16 PM  |
| 14 | EHS   | 1/12/2018 3:00 PM  |
| 15 | 5100  | 1/12/2018 1:14 PM  |
| 16 | Clinic Operations                             | 1/12/2018 12:50 PM |
| 17 | FHS   | 1/12/2018 11:53 AM |
| 18 | CLINIC OP'S                                   | 1/12/2018 11:18 AM |
| 19 | CCS   | 1/12/2018 10:35 AM |
| 20 | CCS   | 1/12/2018 9:57 AM  |
| 21 | FAS   | 1/12/2018 9:41 AM  |
| 22 | Radiology Transcriptionist                    | 1/12/2018 9:22 AM  |
| 23 | Vital Statistics                              | 1/12/2018 9:19 AM  |
| 24 | Vector Control                                | 1/12/2018 8:56 AM  |
| 25 | EHS   | 1/12/2018 8:50 AM  |
| 26 | EHS   | 1/12/2018 8:48 AM  |
| 27 | EHA   | 1/12/2018 8:44 AM  |
| 28 | EHS   | 1/12/2018 8:44 AM  |
| 29 | Environmental Health Services                 | 1/12/2018 8:36 AM  |
| 30 | Family Health Services - CSART                | 1/12/2018 8:30 AM  |
| 31 | California Children Services                  | 1/12/2018 8:14 AM  |
| 32 | Family Health Services                        | 1/12/2018 8:12 AM  |
| 33 | CLPPP   | 1/12/2018 8:06 AM  |
| 34 | California Children Service                   | 1/12/2018 7:31 AM  |
| 35 | Environmental Health Services                 | 1/12/2018 7:21 AM  |

## San Bernardino County Department of Public Health (SBC DPH) Cultural Competency Questionnaire

|    |   |                   |
|----|---|-------------------|
| 36 | California Children Services  | 1/12/2018 7:20 AM |
| 37 | Division of Environmental Health  | 1/12/2018 7:18 AM |
| 38 | Rx4Kids   | 1/11/2018 6:09 PM |
| 39 | Laboratory  | 1/11/2018 5:44 PM |
| 40 | Professional  | 1/11/2018 5:12 PM |
| 41 | Environmental Health Services   | 1/11/2018 4:53 PM |
| 42 | WIC Department  | 1/11/2018 4:51 PM |
| 43 | Clinic Ops  | 1/11/2018 4:47 PM |
| 44 | California Children Services  | 1/11/2018 4:45 PM |
| 45 | Public Health-Clinic Operations   | 1/11/2018 4:38 PM |
| 46 | Division of Environmental Health Services Health Education                    | 1/11/2018 4:37 PM |
| 47 | Preparedness and Response   | 1/11/2018 4:36 PM |
| 48 | Mosquito and vector control   | 1/11/2018 4:28 PM |
| 49 | CCS   | 1/11/2018 4:26 PM |
| 50 | IT  | 1/11/2018 4:21 PM |
| 51 | Administrative  | 1/11/2018 4:03 PM |
| 52 | Animal Care and Control - Devore animal shelter                               | 1/11/2018 3:58 PM |
| 53 | Human Resources   | 1/11/2018 3:56 PM |
| 54 | Animal Care and Control   | 1/11/2018 3:52 PM |
| 55 | WIC   | 1/11/2018 3:50 PM |
| 56 | WIC   | 1/11/2018 3:47 PM |
| 57 | PRP   | 1/11/2018 3:46 PM |
| 58 | Compliance  | 1/11/2018 3:46 PM |
| 59 | Preparedness and Response   | 1/11/2018 3:42 PM |
| 60 | wic program   | 1/11/2018 3:40 PM |
| 61 | EHS   | 1/11/2018 3:38 PM |
| 62 | Preparedness & Response   | 1/11/2018 3:37 PM |
| 63 | IT  | 1/11/2018 3:31 PM |
| 64 | Family Health Services  | 1/11/2018 3:30 PM |
| 65 | CCS   | 1/11/2018 3:28 PM |
| 66 | CCS   | 1/11/2018 3:28 PM |
| 67 | wic   | 1/11/2018 3:25 PM |
| 68 | Laboatory   | 1/11/2018 3:23 PM |
| 69 | Preparedness & Response   | 1/11/2018 3:21 PM |
| 70 | Family Health Services, consultant with Department Children & Family Services | 1/11/2018 3:21 PM |
| 71 | public health cdc   | 1/11/2018 3:19 PM |
| 72 | CCS   | 1/11/2018 3:18 PM |
| 73 | FAS   | 1/11/2018 3:16 PM |
| 74 | WIC   | 1/11/2018 3:13 PM |
| 75 | Laboratory  | 1/11/2018 3:11 PM |
| 76 | Health Education Section  | 1/11/2018 3:10 PM |

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|     |  |                    |
|-----|--|--------------------|
| 77  | Nutrition Program  | 1/11/2018 3:07 PM  |
| 78  | Public Health  | 1/11/2018 3:07 PM  |
| 79  | California Children's Services                           | 1/11/2018 3:06 PM  |
| 80  | California Children's Services                           | 1/11/2018 2:59 PM  |
| 81  | WIC  | 1/11/2018 2:56 PM  |
| 82  | EHS  | 1/11/2018 2:56 PM  |
| 83  | DPH - CCS  | 1/11/2018 2:56 PM  |
| 84  | Ryan White Program                                       | 1/11/2018 2:55 PM  |
| 85  | san bernardino wic program call center                   | 1/11/2018 2:53 PM  |
| 86  | Family Health Services                                   | 1/11/2018 2:52 PM  |
| 87  | CCS  | 1/11/2018 2:51 PM  |
| 88  | CCS  | 1/11/2018 2:51 PM  |
| 89  | Clerical   | 1/11/2018 2:51 PM  |
| 90  | CCS  | 1/11/2018 2:49 PM  |
| 91  | CCS  | 1/11/2018 2:48 PM  |
| 92  | California Children's Services                           | 1/11/2018 2:48 PM  |
| 93  | Animal Care and Control-Devore Animal Shelter            | 1/11/2018 2:48 PM  |
| 94  | wic program  | 1/11/2018 2:48 PM  |
| 95  | CCS  | 1/11/2018 2:47 PM  |
| 96  | WIC  | 1/11/2018 2:47 PM  |
| 97  | Department of Public Health California Children Services | 1/11/2018 2:46 PM  |
| 98  | California Children Services                             | 1/11/2018 2:44 PM  |
| 99  | WIC  | 1/11/2018 2:44 PM  |
| 100 | CCS  | 1/11/2018 2:42 PM  |
| 101 | Environmental Health Services                            | 1/11/2018 2:42 PM  |
| 102 | Fiscal and Administrative Services Section               | 1/11/2018 2:42 PM  |
| 103 | CCS  | 1/11/2018 2:41 PM  |
| 104 | FAS  | 1/11/2018 2:40 PM  |
| 105 | EHS  | 1/11/2018 2:38 PM  |
| 106 | CCS  | 1/11/2018 2:38 PM  |
| 107 | California Children Services                             | 1/11/2018 2:38 PM  |
| 108 | Environmental Health                                     | 1/11/2018 2:37 PM  |
| 109 | Environmental Health                                     | 1/11/2018 2:09 PM  |
| 110 | Ryan White Program                                       | 1/11/2018 2:02 PM  |
| 111 | The Ryan White Program                                   | 1/11/2018 12:50 PM |
| 112 | CCS  | 1/11/2018 12:32 PM |
| 113 | WIC program  | 1/11/2018 12:03 PM |
| 114 | WIC  | 1/11/2018 11:15 AM |
| 115 | CCS  | 1/11/2018 10:10 AM |
| 116 | community environmental health                           | 1/11/2018 8:41 AM  |
| 117 | 3237   | 1/11/2018 8:28 AM  |

## San Bernardino County Department of Public Health (SBC DPH) Cultural Competency Questionnaire

|     |   |                    |
|-----|---|--------------------|
| 118 | clinic ops  | 1/10/2018 4:12 PM  |
| 119 | Family Health Services  | 1/10/2018 3:59 PM  |
| 120 | CFS SHCN unit and Probation   | 1/10/2018 3:42 PM  |
| 121 | Rx4Kids   | 1/10/2018 3:39 PM  |
| 122 | CFS   | 1/10/2018 1:39 PM  |
| 123 | HCPCFC  | 1/10/2018 1:05 PM  |
| 124 | Department of Public Health   | 1/10/2018 12:52 PM |
| 125 | Children & Family Services  | 1/10/2018 11:23 AM |
| 126 | CFS   | 1/10/2018 11:21 AM |
| 127 | DPH   | 1/10/2018 11:15 AM |
| 128 | Environmental Health Services-Solid Waste                                 | 1/10/2018 9:36 AM  |
| 129 | WIC   | 1/10/2018 8:21 AM  |
| 130 | CCS   | 1/10/2018 8:12 AM  |
| 131 | Family Health Services Section  | 1/10/2018 8:07 AM  |
| 132 | CHDP/Lead/School health   | 1/10/2018 7:50 AM  |
| 133 | CSART Family Health Services  | 1/9/2018 1:05 PM   |
| 134 | Communicable Disease  | 1/9/2018 10:02 AM  |
| 135 | Health Education  | 1/9/2018 9:25 AM   |
| 136 | EHS, Vector Control   | 1/9/2018 7:18 AM   |
| 137 | vector  | 1/8/2018 4:24 PM   |
| 138 | vector control  | 1/8/2018 3:50 PM   |
| 139 | Mosquito and Vector Control   | 1/8/2018 3:49 PM   |
| 140 | Nutrition   | 1/8/2018 2:45 PM   |
| 141 | California Children's Services  | 1/8/2018 11:52 AM  |
| 142 | ehs   | 1/8/2018 11:41 AM  |
| 143 | Family Health Services  | 1/8/2018 11:41 AM  |
| 144 | Vector Control Program  | 1/8/2018 10:55 AM  |
| 145 | WIC   | 1/8/2018 10:19 AM  |
| 146 | Division of Environmental Health Service - Community Environmental Health | 1/8/2018 8:52 AM   |
| 147 | Vector  | 1/8/2018 8:49 AM   |
| 148 | WIC Program   | 1/8/2018 8:16 AM   |
| 149 | .   | 1/6/2018 9:52 AM   |
| 150 | EHS   | 1/5/2018 2:23 PM   |
| 151 | Family Health Services  | 1/5/2018 2:13 PM   |
| 152 | COI   | 1/5/2018 9:58 AM   |
| 153 | Communicable Disease Section  | 1/5/2018 9:57 AM   |
| 154 | California Children Services  | 1/5/2018 9:19 AM   |
| 155 | Professional  | 1/5/2018 8:34 AM   |
| 156 | Professional  | 1/5/2018 8:30 AM   |
| 157 | Admin   | 1/5/2018 8:23 AM   |
| 158 | Administration  | 1/5/2018 8:02 AM   |

San Bernardino County Department of Public Health (SBC DPH) Cultural Competency Questionnaire

|     |   |                   |
|-----|---|-------------------|
| 159 | Clinic Op's                                       | 1/5/2018 7:50 AM  |
| 160 | CCS MTU   | 1/5/2018 7:49 AM  |
| 161 | Reproductive Health                               | 1/4/2018 3:13 PM  |
| 162 | clinic ops  | 1/4/2018 1:32 PM  |
| 163 | Community Outreach and Innovation                 | 1/4/2018 1:23 PM  |
| 164 | CLINIC OPS  | 1/4/2018 12:46 PM |
| 165 | clinic ops  | 1/4/2018 12:34 PM |
| 166 | CCS   | 1/4/2018 12:31 PM |
| 167 | clinic Ops  | 1/4/2018 11:29 AM |
| 168 | ehs   | 1/4/2018 10:22 AM |
| 169 | Environmental Health Services                     | 1/4/2018 10:20 AM |
| 170 | California Children's Services                    | 1/4/2018 10:04 AM |
| 171 | CDS   | 1/4/2018 9:26 AM  |
| 172 | Environmental Health Services                     | 1/4/2018 9:06 AM  |
| 173 | Environmental Health                              | 1/4/2018 9:00 AM  |
| 174 | Clinic Ops  | 1/4/2018 8:34 AM  |
| 175 | California Children Services                      | 1/4/2018 7:33 AM  |
| 176 | WIC   | 1/3/2018 4:35 PM  |
| 177 | Dph eh  | 1/3/2018 3:11 PM  |
| 178 | Information Services                              | 1/3/2018 3:08 PM  |
| 179 | clinic operation, MCAH                            | 1/3/2018 2:45 PM  |
| 180 | Community environmental health                    | 1/3/2018 2:43 PM  |
| 181 | Public Health                                     | 1/3/2018 2:39 PM  |
| 182 | California Children's Services                    | 1/3/2018 2:37 PM  |
| 183 | Environmental Health                              | 1/3/2018 2:18 PM  |
| 184 | CCS   | 1/3/2018 2:18 PM  |
| 185 | psychotropic medications monitoring and oversight | 1/3/2018 2:02 PM  |
| 186 | BONUS   | 1/3/2018 2:01 PM  |
| 187 | Information Technology                            | 1/3/2018 1:59 PM  |
| 188 | FHS   | 1/3/2018 1:58 PM  |
| 189 | Communicable Disease Section                      | 1/3/2018 1:53 PM  |
| 190 | WIC Program                                       | 1/3/2018 1:52 PM  |
| 191 | Community Environmental Health                    | 1/3/2018 1:51 PM  |
| 192 | WIC   | 1/3/2018 1:45 PM  |
| 193 | California Children's Services                    | 1/3/2018 1:38 PM  |
| 194 | PUBLIC HEALTH CDC                                 | 1/3/2018 1:35 PM  |
| 195 | CDS   | 1/3/2018 1:33 PM  |
| 196 | Compliance  | 1/3/2018 1:32 PM  |
| 197 | FAS   | 1/3/2018 1:30 PM  |
| 198 | Communicable Disease                              | 1/3/2018 1:30 PM  |
| 199 | IS  | 1/3/2018 1:21 PM  |

## San Bernardino County Department of Public Health (SBC DPH) Cultural Competency Questionnaire

|     |   |                     |
|-----|---|---------------------|
| 200 | supervisor  | 1/3/2018 1:19 PM    |
| 201 | CDS   | 1/3/2018 1:17 PM    |
| 202 | Family Services   | 1/3/2018 1:16 PM    |
| 203 | Communicable Disease  | 1/3/2018 1:16 PM    |
| 204 | ccs   | 1/3/2018 1:15 PM    |
| 205 | COI   | 1/3/2018 1:12 PM    |
| 206 | Ryan White  | 1/3/2018 1:07 PM    |
| 207 | Family Health Services  | 1/3/2018 1:07 PM    |
| 208 | Family Services   | 1/3/2018 1:01 PM    |
| 209 | FAS   | 1/3/2018 12:59 PM   |
| 210 | CCS Ontario   | 1/3/2018 12:57 PM   |
| 211 | Fiscal & Administrative Services                                      | 1/3/2018 12:55 PM   |
| 212 | Environmental Health Services - CEH                                   | 1/3/2018 10:57 AM   |
| 213 | EHS   | 1/3/2018 9:44 AM    |
| 214 | Environmental Health  | 1/3/2018 9:24 AM    |
| 215 | Nutrition   | 1/3/2018 9:02 AM    |
| 216 | Nutrition   | 1/3/2018 8:22 AM    |
| 217 | Environmental Health Services (food inspector).                       | 1/3/2018 8:03 AM    |
| 218 | Division of Environmental Health Services Safe Drinking Water Program | 1/3/2018 7:41 AM    |
| 219 | Environmental Health  | 1/3/2018 7:23 AM    |
| 220 | Environmental Health  | 1/3/2018 7:12 AM    |
| 221 | California Children's Services  | 12/29/2017 8:15 AM  |
| 222 | EHS   | 12/28/2017 9:35 PM  |
| 223 | EHS   | 12/28/2017 4:41 PM  |
| 224 | Community Environmental Health  | 12/28/2017 4:36 PM  |
| 225 | Environmental Health  | 12/28/2017 3:42 PM  |
| 226 | Preparedness and Response Program                                     | 12/28/2017 2:12 PM  |
| 227 | HCPCFC  | 12/28/2017 11:06 AM |
| 228 | Environmental Health Services   | 12/28/2017 10:44 AM |
| 229 | 5100  | 12/28/2017 9:58 AM  |
| 230 | CCS, Professional   | 12/28/2017 8:15 AM  |
| 231 | EHS   | 12/28/2017 8:09 AM  |
| 232 | LUPP  | 12/28/2017 8:01 AM  |
| 233 | LUPP  | 12/28/2017 7:48 AM  |
| 234 | CEH   | 12/28/2017 7:32 AM  |
| 235 | Land Use Protection program   | 12/28/2017 7:28 AM  |
| 236 | Environmental Health Services   | 12/27/2017 4:33 PM  |
| 237 | Environmental Health Services   | 12/27/2017 4:31 PM  |
| 238 | EHS-Plan Check, Wholesale...  | 12/27/2017 4:31 PM  |
| 239 | Public Health -Nutrition  | 12/27/2017 4:31 PM  |
| 240 | nutrition   | 12/27/2017 4:30 PM  |

San Bernardino County Department of Public Health (SBC DPH) Cultural Competency Questionnaire

|     |                                   |                     |
|-----|-----------------------------------|---------------------|
| 241 | Nutrition                         | 12/27/2017 4:28 PM  |
| 242 | DEHS - LUPP                       | 12/27/2017 4:23 PM  |
| 243 | Public Health Nutrition           | 12/27/2017 3:31 PM  |
| 244 | EHS-Land Use Protection           | 12/27/2017 1:29 PM  |
| 245 | Environmental Health              | 12/27/2017 1:27 PM  |
| 246 | Compliance                        | 12/27/2017 1:08 PM  |
| 247 | Environmental Health Services     | 12/27/2017 12:17 PM |
| 248 | Clinic Ops                        | 12/27/2017 11:47 AM |
| 249 | Division of Family Health         | 12/27/2017 10:13 AM |
| 250 | Family Health Services            | 12/27/2017 9:30 AM  |
| 251 | California Children Services      | 12/27/2017 7:29 AM  |
| 252 | Animal Care & Control             | 12/26/2017 9:35 AM  |
| 253 | Admin                             | 12/22/2017 10:19 AM |
| 254 | FHS-Rx4kids at CFS                | 12/21/2017 3:39 PM  |
| 255 | CHDP (Family Health Services)     | 12/21/2017 11:13 AM |
| 256 | Laboratory                        | 12/21/2017 10:37 AM |
| 257 | Admin                             | 12/21/2017 10:08 AM |
| 258 | Public Health                     | 12/20/2017 4:22 PM  |
| 259 | CCS                               | 12/20/2017 2:25 PM  |
| 260 | Accreditation                     | 12/20/2017 12:01 PM |
| 261 | 3204                              | 12/20/2017 8:29 AM  |
| 262 | FAS                               | 12/20/2017 7:53 AM  |
| 263 | Preparedness and Response Program | 12/19/2017 5:12 PM  |
| 264 | Accreditation                     | 12/19/2017 4:32 PM  |
| 265 | Family Health Services            | 12/19/2017 3:49 PM  |
| 266 | Family Health Service             | 12/19/2017 1:41 PM  |
| 267 | Community Health Services         | 12/19/2017 1:39 PM  |
| 268 | Calif Children's Services         | 12/19/2017 12:22 PM |
| 269 | Clinic operations                 | 12/19/2017 11:40 AM |
| 270 | Administration/Accreditation      | 12/19/2017 11:07 AM |
| 271 | CCS                               | 12/19/2017 10:21 AM |
| 272 | Vector Control                    | 12/19/2017 9:16 AM  |
| 273 | Family Health Services            | 12/19/2017 8:59 AM  |
| 274 | ccs                               | 12/19/2017 8:52 AM  |
| 275 | Clinic Opps                       | 12/19/2017 8:33 AM  |
| 276 | Administrative                    | 12/19/2017 8:12 AM  |
| 277 | CCS                               | 12/19/2017 8:08 AM  |
| 278 | CHDP, lead, school health         | 12/19/2017 7:54 AM  |
| 279 | Preparedness and Response Program | 12/19/2017 7:53 AM  |
| 280 | Animal Control                    | 12/19/2017 7:51 AM  |
| 281 | Clinic Ops                        | 12/19/2017 7:38 AM  |



## San Bernardino County Department of Public Health (SBC DPH) Cultural Competency Questionnaire

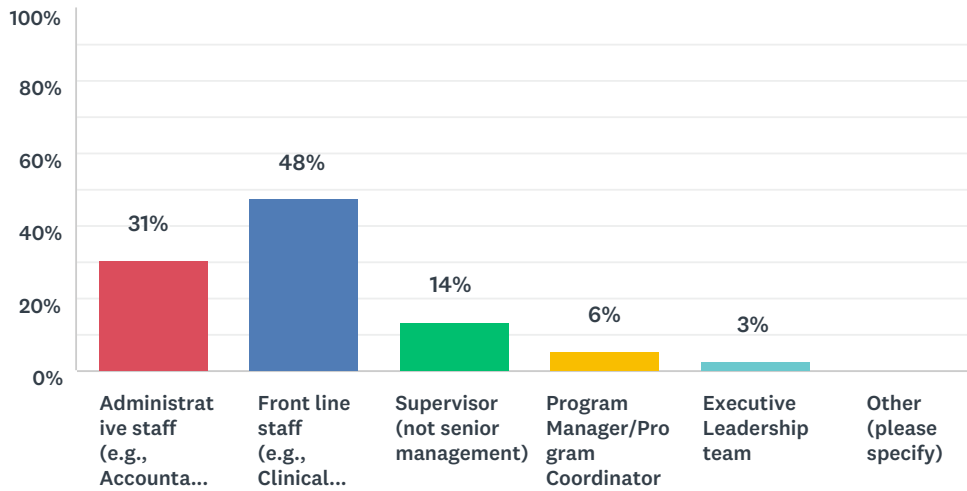
|     |  |                    |
|-----|--|--------------------|
| 282 | Communicable Disease Section   | 12/18/2017 5:01 PM |
| 283 | CCS  | 12/18/2017 4:55 PM |
| 284 | public health  | 12/18/2017 4:42 PM |
| 285 | Supervisory  | 12/18/2017 4:34 PM |
| 286 | CCS  | 12/18/2017 4:26 PM |
| 287 | WIC  | 12/18/2017 4:03 PM |
| 288 | WIC  | 12/18/2017 3:56 PM |
| 289 | ENVIRONMENTAL HEALTH   | 12/18/2017 3:49 PM |
| 290 | HCPCFC   | 12/18/2017 3:41 PM |
| 291 | Animal Care and Control  | 12/18/2017 3:32 PM |
| 292 | EHS, CUSTOMER SERVICE UNIT   | 12/18/2017 3:12 PM |
| 293 | Health Education   | 12/18/2017 3:07 PM |
| 294 | Rx 4 Kids with Children & Family Services  | 12/18/2017 3:05 PM |
| 295 | Food/Recreational Health - Plan Check  | 12/18/2017 3:05 PM |
| 296 | FISCAL   | 12/18/2017 3:04 PM |
| 297 | clinic ops   | 12/18/2017 2:49 PM |
| 298 | Family Health Services   | 12/18/2017 2:46 PM |
| 299 | Compliance   | 12/18/2017 2:26 PM |
| 300 | clinic ops   | 12/18/2017 2:21 PM |
| 301 | Public Health  | 12/18/2017 2:17 PM |
| 302 | wic program  | 12/18/2017 2:13 PM |
| 303 | California Children's Services   | 12/18/2017 2:01 PM |
| 304 | Nutrition Department   | 12/18/2017 2:01 PM |
| 305 | CCS  | 12/18/2017 1:52 PM |
| 306 | Clinic Operations, Hesperia  | 12/18/2017 1:51 PM |
| 307 | clinic ops   | 12/18/2017 1:48 PM |
| 308 | Accreditation  | 12/18/2017 1:44 PM |
| 309 | Compliance   | 12/18/2017 1:42 PM |
| 310 | Health Promotion & Education Section   | 12/18/2017 1:38 PM |
| 311 | Compliance   | 12/18/2017 1:37 PM |
| 312 | Compliance   | 12/18/2017 1:36 PM |
| 313 | Fiscal and Administration  | 12/18/2017 1:27 PM |
| 314 | public health  | 12/18/2017 1:27 PM |
| 315 | California Children's Services   | 12/18/2017 1:20 PM |
| 316 | ph   | 12/18/2017 1:20 PM |
| 317 | FHS - Maternal Child and Adolescent Health (MCAH), Child Health and Disability Prevention (CHDP) | 12/18/2017 1:15 PM |
| 318 | RX 4 kids  | 12/18/2017 1:08 PM |
| 319 | DPH  | 12/18/2017 1:02 PM |
| 320 | WIC  | 12/18/2017 1:02 PM |
| 321 | Environmental Health   | 12/18/2017 1:01 PM |

San Bernardino County Department of Public Health (SBC DPH) Cultural Competency Questionnaire

|     |   |                     |
|-----|---|---------------------|
| 322 | CALIFORNIA CHILDREN SERVICES            | 12/18/2017 1:00 PM  |
| 323 | CCS                                     | 12/18/2017 12:40 PM |
| 324 | COI                                     | 12/18/2017 12:39 PM |
| 325 | Admin                                   | 12/18/2017 12:24 PM |
| 326 | Accreditation                           | 12/18/2017 12:16 PM |
| 327 | Environmental Health                    | 12/18/2017 12:14 PM |
| 328 | FAMILY HEALTH SERVICES                  | 12/18/2017 12:09 PM |
| 329 | California Children Services - CCS      | 12/18/2017 12:07 PM |
| 330 | Clinic Operations                       | 12/18/2017 12:06 PM |
| 331 | Animal Care and Control                 | 12/18/2017 12:05 PM |
| 332 | Environmental Health Services           | 12/18/2017 12:04 PM |
| 333 | California Children's Services          | 12/18/2017 12:04 PM |
| 334 | Black Infant Health                     | 12/18/2017 12:04 PM |
| 335 | California Children Services            | 12/18/2017 12:02 PM |
| 336 | CCS                                     | 12/18/2017 12:01 PM |
| 337 | Admin                                   | 12/18/2017 11:58 AM |
| 338 | Nutrition Program                       | 12/18/2017 11:58 AM |
| 339 | Fiscal and Administrative Services      | 12/18/2017 11:57 AM |
| 340 | Environmental Health Services           | 12/18/2017 11:56 AM |
| 341 | Black Infant Health                     | 12/18/2017 11:56 AM |
| 342 | Family health services                  | 12/18/2017 11:54 AM |
| 343 | CCS                                     | 12/18/2017 11:54 AM |
| 344 | Ryan White Program                      | 12/18/2017 11:51 AM |
| 345 | Nutrition                               | 12/18/2017 11:49 AM |
| 346 | California Children's Services          | 12/18/2017 11:49 AM |
| 347 | EHS                                     | 12/18/2017 11:48 AM |
| 348 | Vital Statistics                        | 12/18/2017 11:47 AM |
| 349 | Fiscal and Administrative Services      | 12/18/2017 11:47 AM |
| 350 | Information Technology/Vital Statistics | 12/18/2017 11:46 AM |
| 351 | FAS                                     | 12/18/2017 11:46 AM |
| 352 | EHA                                     | 12/18/2017 11:45 AM |
| 353 | Family Health Services Section          | 12/18/2017 11:45 AM |
| 354 | Health Education                        | 12/18/2017 11:45 AM |
| 355 | FAS                                     | 12/18/2017 11:44 AM |

## Q7 Which best describes your position at the SBC DPH?

Answered: 355 Skipped: 0

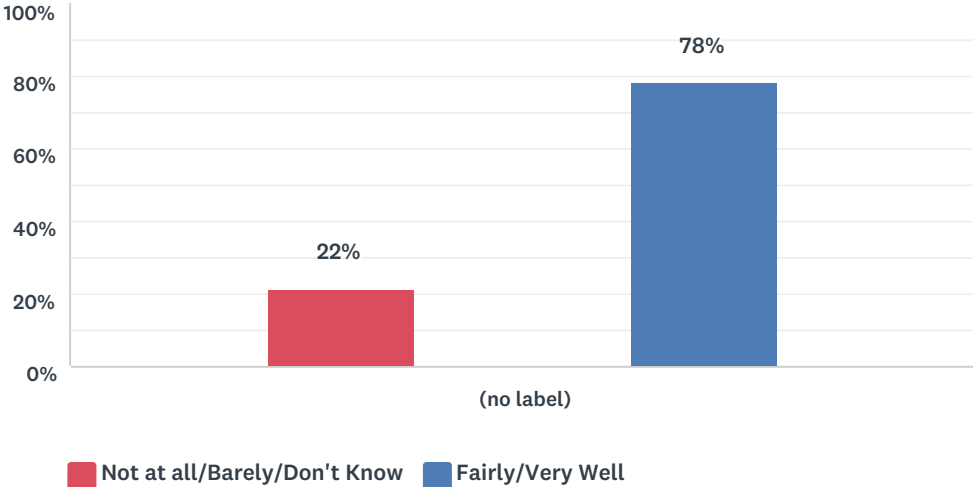


| ANSWER CHOICES   | RESPONSES |            |
|--|-----------|------------|
| Administrative staff (e.g., Accountant, Accounting Technician, Analyst, Office Assistant/Specialist, Care Assistant, Secretary, Fiscal Assistant/Specialist, Payroll Specialist, Medical Records, Public Health Project Coordinator, Stores Specialist, Storekeeper, Cont Wellness Coordinator)  | 31%       | 109        |
| Front line staff (e.g., Clinical Therapist, Nurse, Nurse Educator/Practitioner, Nutritionist, Program Specialist, Epidemiologist, Microbiologist, Dental Assistant/Hygienist, Physician, Physician Assistant, Veterinary Tech, Public Service Employee, Radiologic Tech, Social Service Practitioner, Psychiatrist, Vector Control Technician, Communicable Disease Investigator, Occupational Therapy Assistant, Rehabilitation Therapist/Services Aide, Physical Therapist Assistant, Physician Consultant, Social Worker, Social Service Practitioner, Medical Therapy Specialist, Health Services/Health Education Assistant/Specialist, Medical Emerg. Planning Specialist, Geographic Info Sys Tech) | 48%       | 169        |
| Supervisor (not senior management)   | 14%       | 48         |
| Program Manager/Program Coordinator  | 6%        | 20         |
| Executive Leadership team  | 3%        | 9          |
| Other (please specify)   | 0%        | 0          |
| <b>TOTAL</b>   |           | <b>355</b> |

| # | OTHER (PLEASE SPECIFY)  | DATE |
|---|-------------------------|------|
|   | There are no responses. |      |

### Q8 Is your Program structured to address the environmental, social, and economic conditions that impact health?

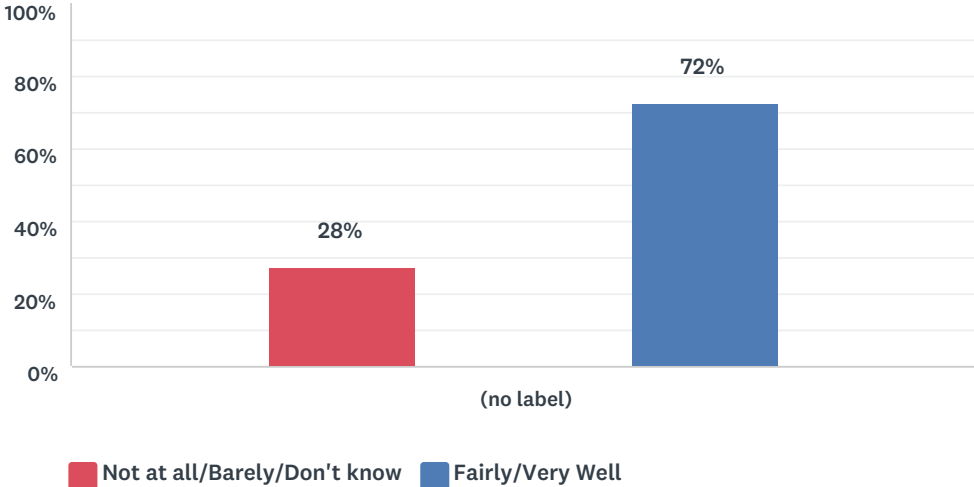
Answered: 69 Skipped: 286



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 22%<br>15                    | 78%<br>54        | 69    | 1.78             |

### Q9 Is your Program structured to address the cultural differences that impact health?

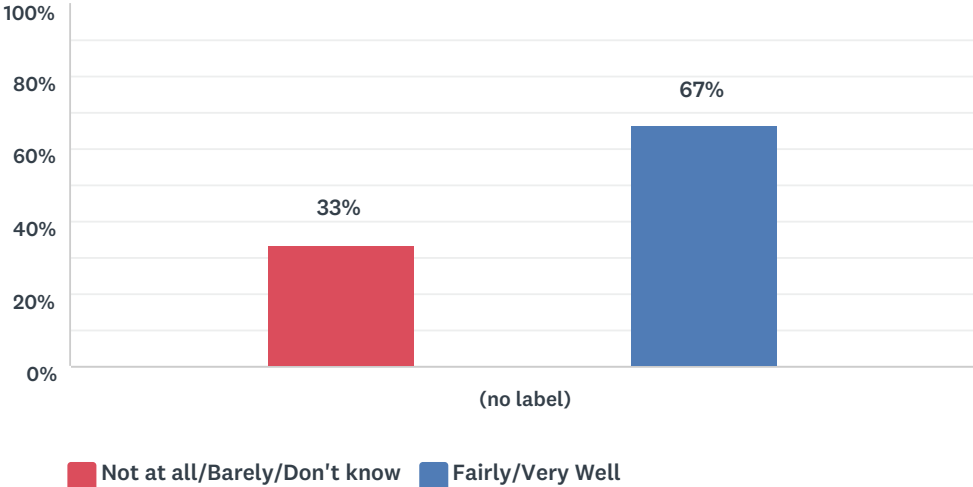
Answered: 69 Skipped: 286



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 28%<br>19                    | 72%<br>50        | 69    | 1.72             |

### Q10 Is your Program familiar with the current and projected demographics for your service area?

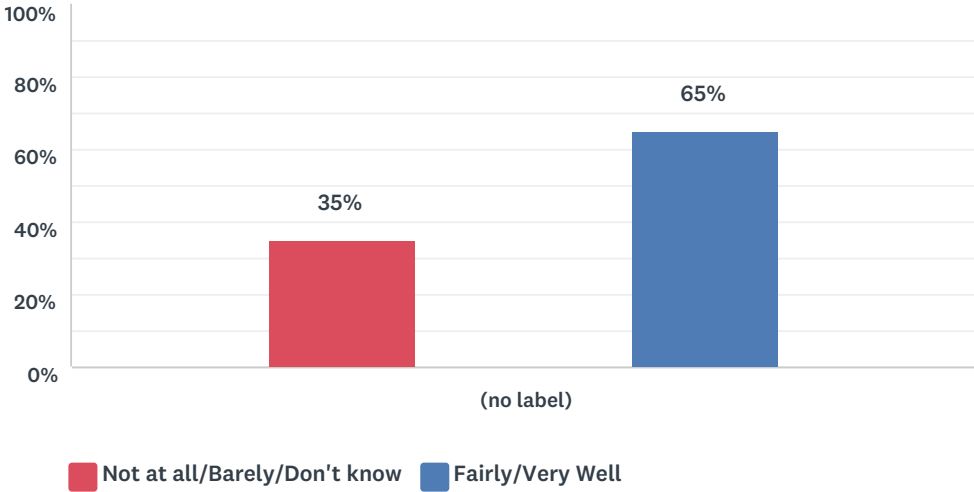
Answered: 69 Skipped: 286



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 33%<br>23                    | 67%<br>46        | 69    | 1.67             |

### Q11 Is your Program able to describe the environmental, social and economic conditions that impact health among culturally diverse groups in the community?

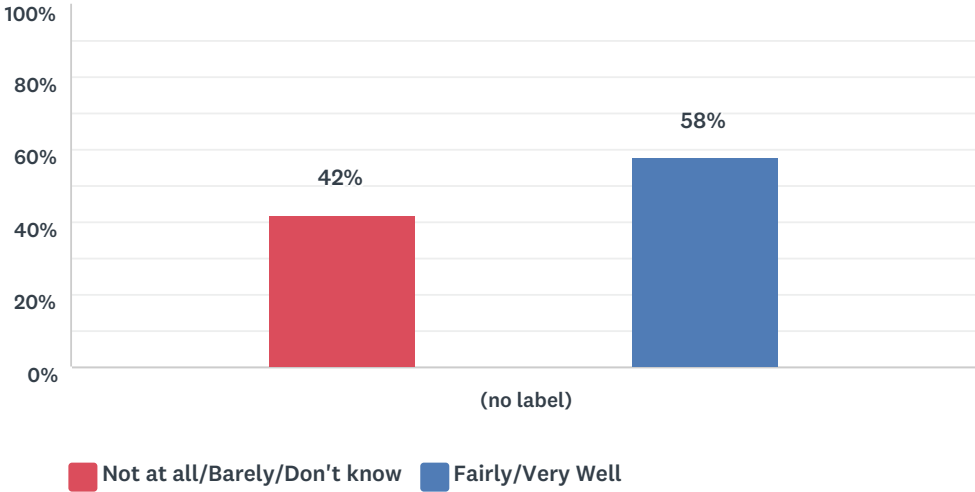
Answered: 69 Skipped: 286



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 35%<br>24                    | 65%<br>45        | 69    | 1.65             |

### Q12 Is your Program able to describe the social strengths (e.g., support networks, family ties, spiritual leadership, etc.) of diverse cultural groups in the community?

Answered: 69 Skipped: 286

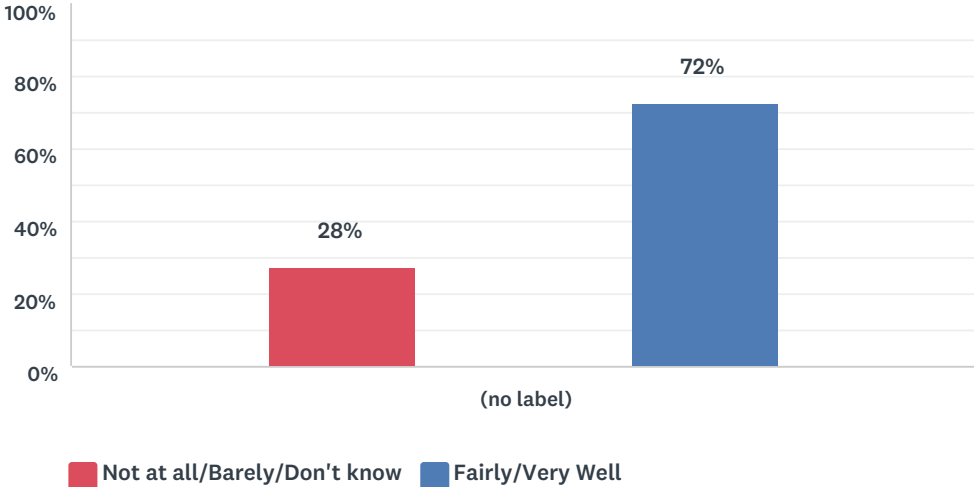


|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 42%<br>29                    | 58%<br>40        | 69    | 1.58             |



### Q13 Is your Program able to describe the languages and dialects used by the culturally diverse groups in the community?

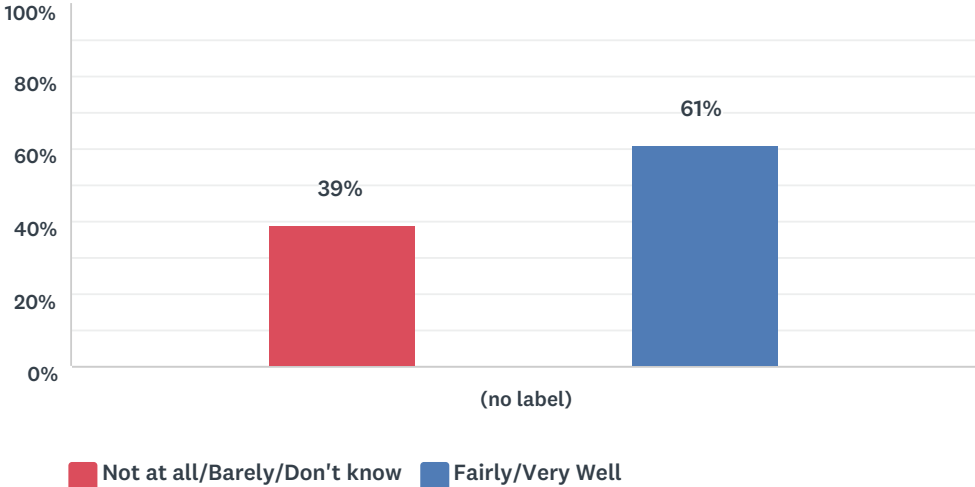
Answered: 69 Skipped: 286



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 28%<br>19                    | 72%<br>50        | 69    | 1.72             |

### Q14 Does your Program know the health beliefs, customs, and values for the culturally diverse groups in the community?

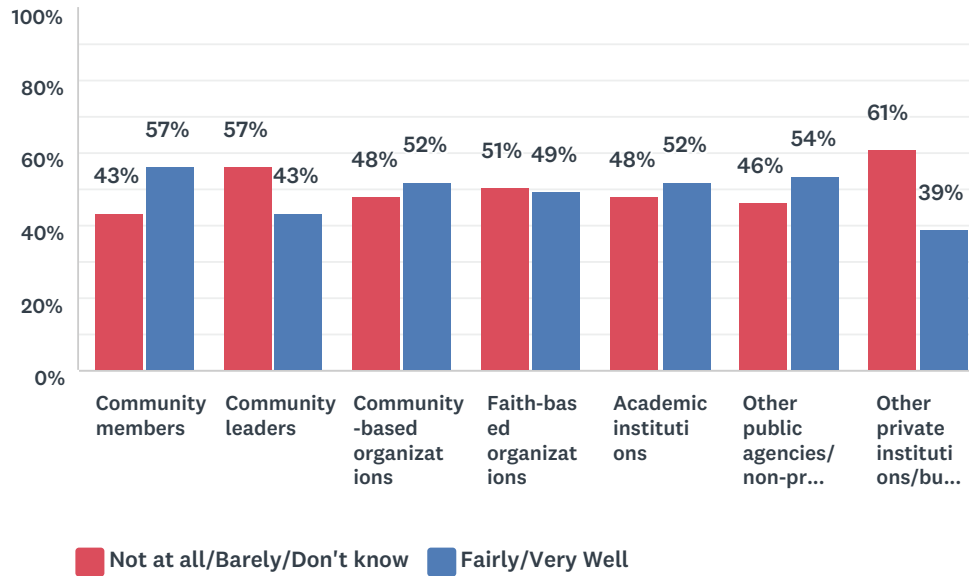
Answered: 69 Skipped: 286



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 39%<br>27                    | 61%<br>42        | 69    | 1.61             |

## Q15 Does your Program know the health beliefs, customs, and values for the culturally diverse groups in the community?

Answered: 69 Skipped: 286

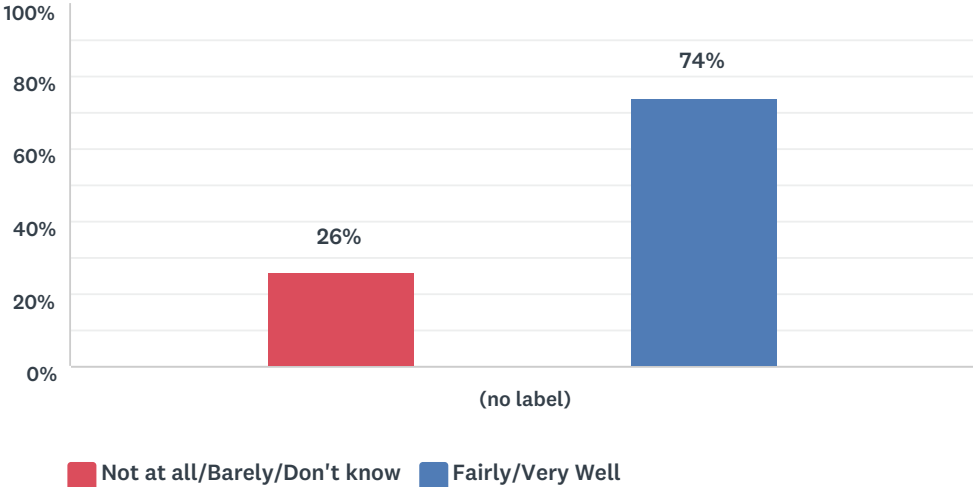


|  | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|--|------------------------------|------------------|-------|------------------|
| Community members                              | 43%<br>30                    | 57%<br>39        | 69    | 1.57             |
| Community leaders                              | 57%<br>39                    | 43%<br>30        | 69    | 1.43             |
| Community-based organizations                  | 48%<br>33                    | 52%<br>36        | 69    | 1.52             |
| Faith-based organizations                      | 51%<br>35                    | 49%<br>34        | 69    | 1.49             |
| Academic institutions                          | 48%<br>33                    | 52%<br>36        | 69    | 1.52             |
| Other public agencies/non-profit organizations | 46%<br>32                    | 54%<br>37        | 69    | 1.54             |
| Other private institutions/businesses          | 61%<br>42                    | 39%<br>27        | 69    | 1.39             |

| # | OTHER (PLEASE SPECIFY)   | DATE              |
|---|--|-------------------|
| 1 | VS serves parents of new babies, families of deceased individuals & mortuaries | 1/12/2018 9:24 AM |

### Q16 Does your Program consider and incorporate culture in the delivery of programs and services?

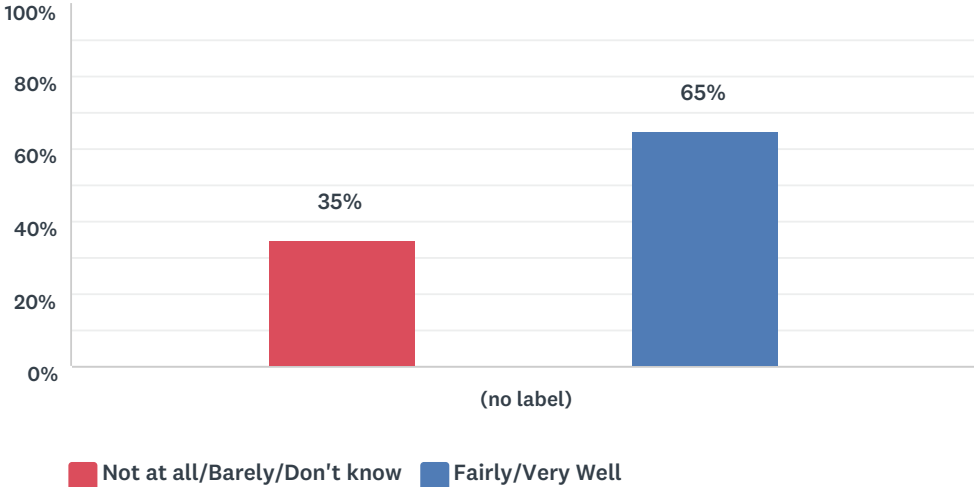
Answered: 69 Skipped: 286



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 26%<br>18                    | 74%<br>51        | 69    | 1.74             |

### Q17 Does your Program review procedures to ensure that they are relevant for the delivery of culturally competent programs and services?

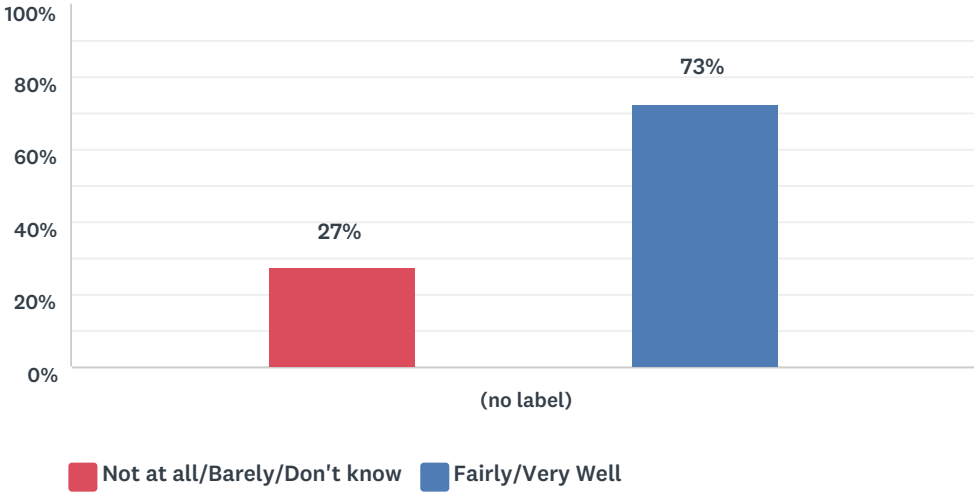
Answered: 69 Skipped: 286



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 35%<br>24                    | 65%<br>45        | 69    | 1.65             |

### Q18 Does your Program review procedures to ensure that they are relevant for the delivery of linguistically competent programs and services?

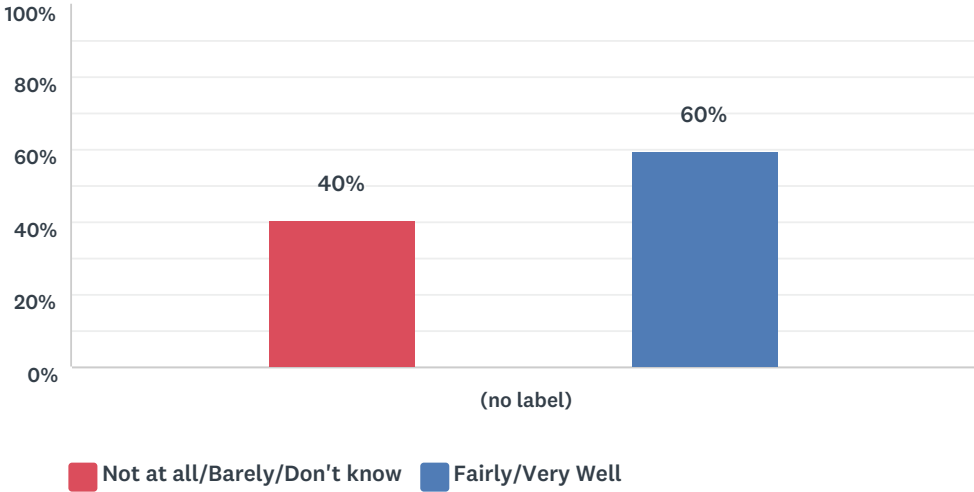
Answered: 62 Skipped: 293



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 27%<br>17                    | 73%<br>45        | 62    | 1.73             |

### Q19 Does your Program have strategies in place to minimize barriers to community participation and access to services (child care, transportation, etc.)?

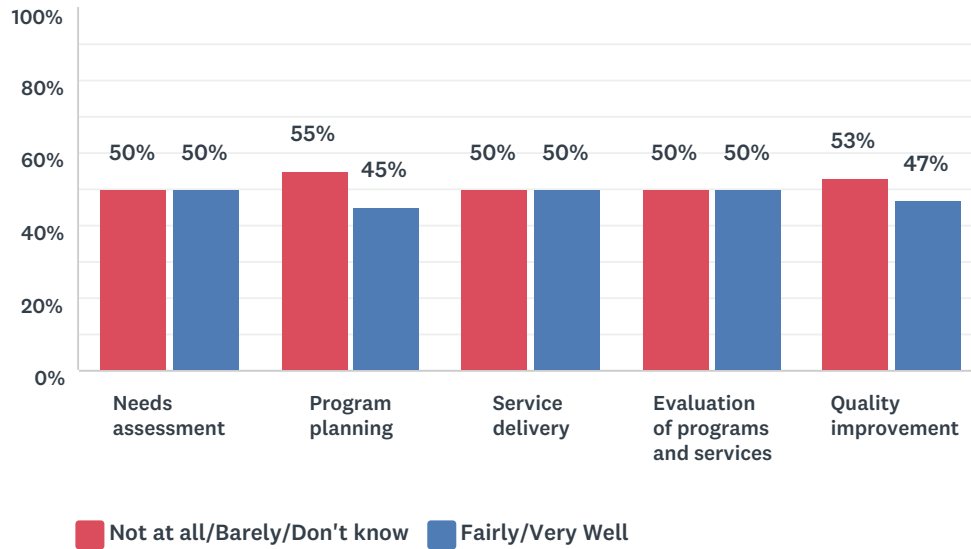
Answered: 62 Skipped: 293



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 40%<br>25                    | 60%<br>37        | 62    | 1.60             |

## Q20 Does your Program routinely and systematically involve members from culturally diverse groups to participate in:

Answered: 62 Skipped: 293

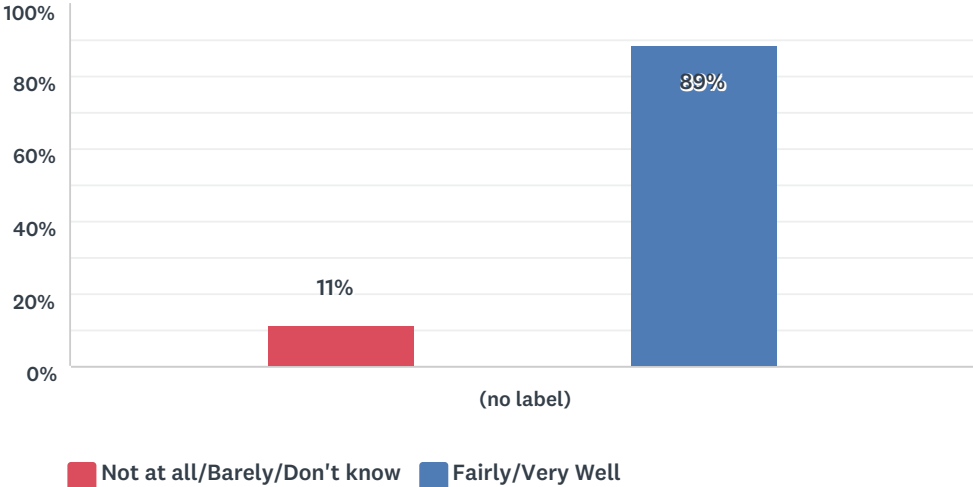


|                                     | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|-------------------------------------|------------------------------|------------------|-------|------------------|
| Needs assessment                    | 50%<br>31                    | 50%<br>31        | 62    | 1.50             |
| Program planning                    | 55%<br>34                    | 45%<br>28        | 62    | 1.45             |
| Service delivery                    | 50%<br>31                    | 50%<br>31        | 62    | 1.50             |
| Evaluation of programs and services | 50%<br>31                    | 50%<br>31        | 62    | 1.50             |
| Quality improvement                 | 53%<br>33                    | 47%<br>29        | 62    | 1.47             |



### Q21 Is your Program open and responsive to community feedback on its programs and services?

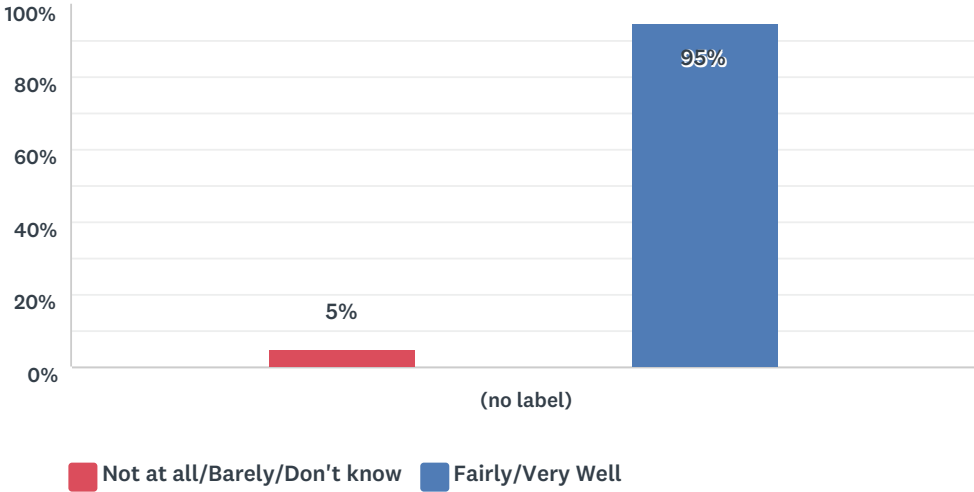
Answered: 62 Skipped: 293



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 11%<br>7                     | 89%<br>55        | 62    | 1.89             |

**Q22 Does your Program provide materials and services (e.g., bilingual staff, in-house interpreters, documentation, or a contract with outside interpreter agencies) in the language(s) used by community members?**

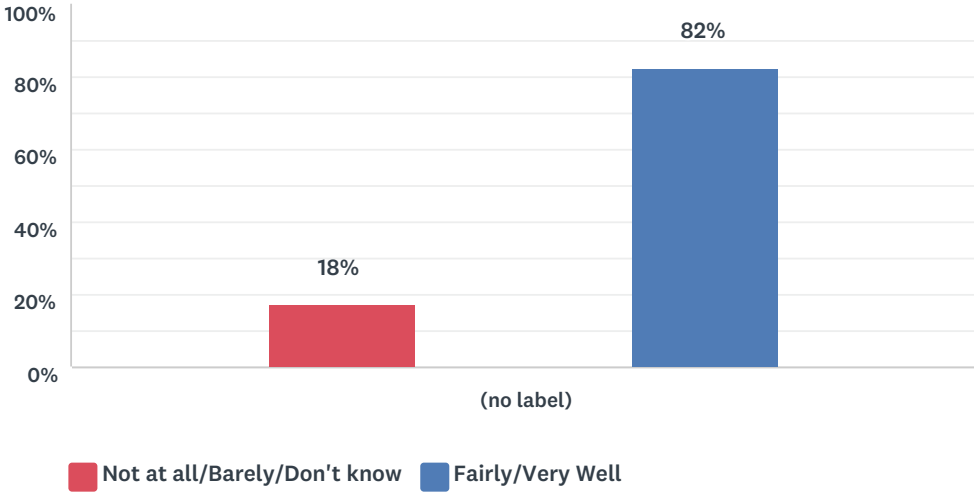
Answered: 62 Skipped: 293



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 5%<br>3                      | 95%<br>59        | 62    | 1.95             |

### Q23 Does your Program use pictures, posters, and printed materials that reflect the diverse cultures and ethnic backgrounds of the community members and families it serves?

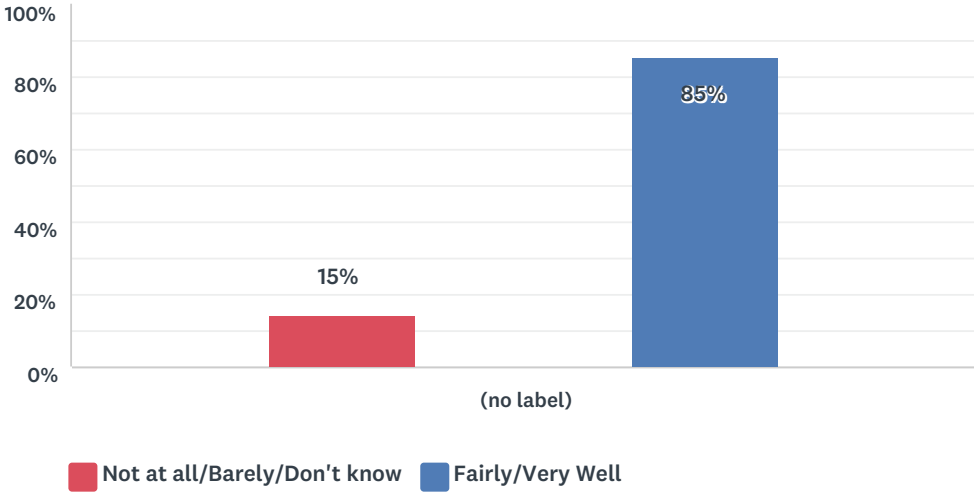
Answered: 62 Skipped: 293



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 18%<br>11                    | 82%<br>51        | 62    | 1.82             |

### Q24 Does your Program create and distribute oral and written information that is appropriate for the cultural, linguistic and literacy needs of the community?

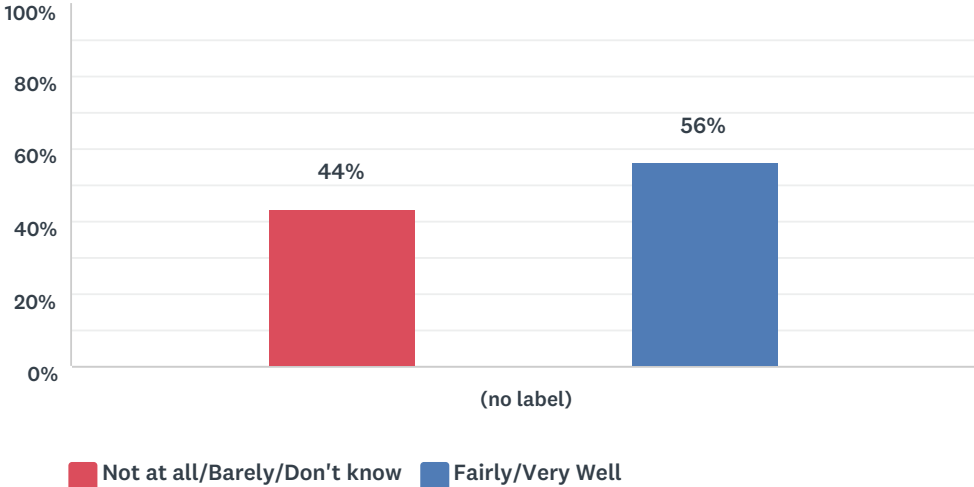
Answered: 62 Skipped: 293



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 15%<br>9                     | 85%<br>53        | 62    | 1.85             |

### Q25 Does your Program’s external partner represent the interests and needs of the culturally diverse community members?

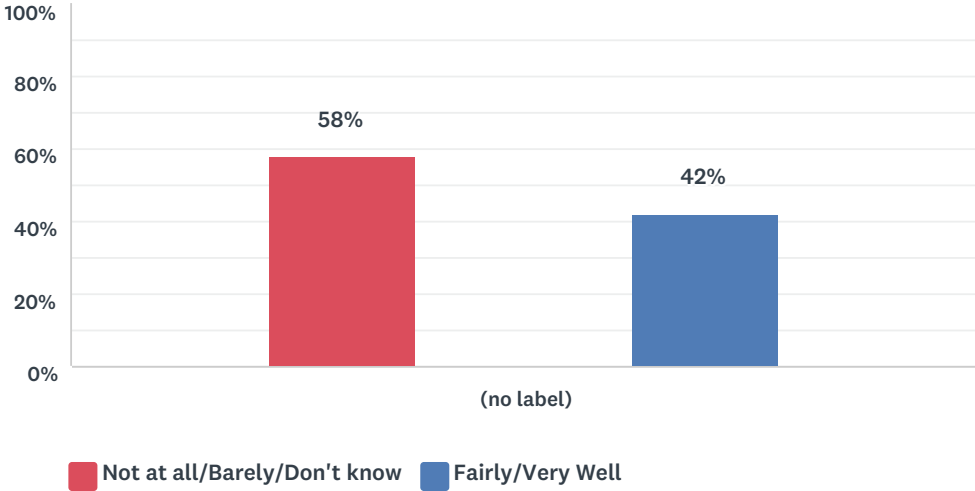
Answered: 62 Skipped: 293



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 44%<br>27                    | 56%<br>35        | 62    | 1.56             |

### Q26 Does your Program have strategies in place to engage community groups to address health inequities?

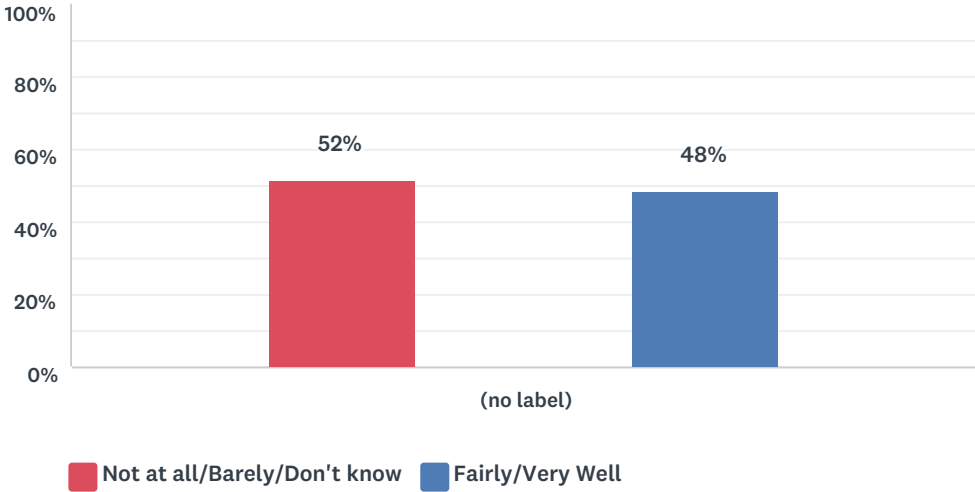
Answered: 62 Skipped: 293



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 58%<br>36                    | 42%<br>26        | 62    | 1.42             |

**Q27 Does your Program collaborate with community-based organizations to address the physical and mental health needs of the various culturally and linguistically diverse groups in the community?**

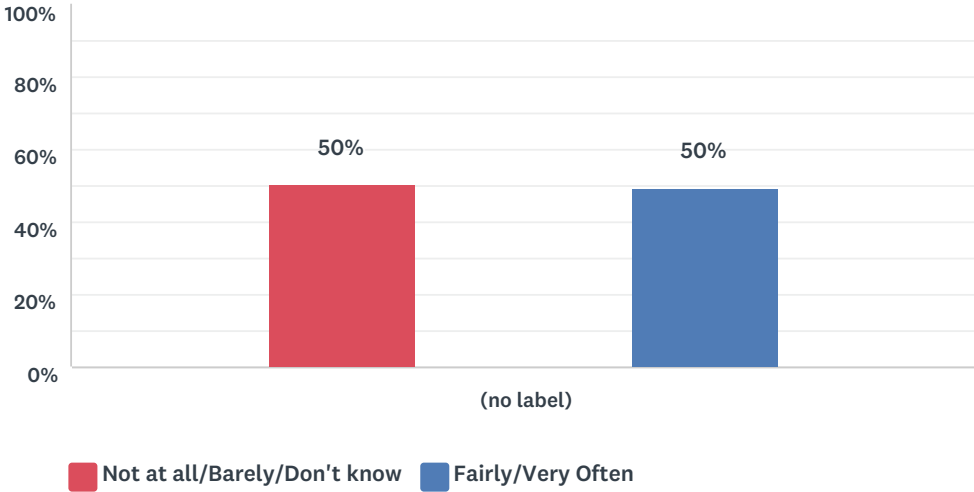
Answered: 62 Skipped: 293



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 52%<br>32                    | 48%<br>30        | 62    | 1.48             |

**Q28 Since beginning work at SBC DPH, how often have you received training about the different ways public health can address the environmental, social and economic conditions that impact health?**

Answered: 323 Skipped: 32

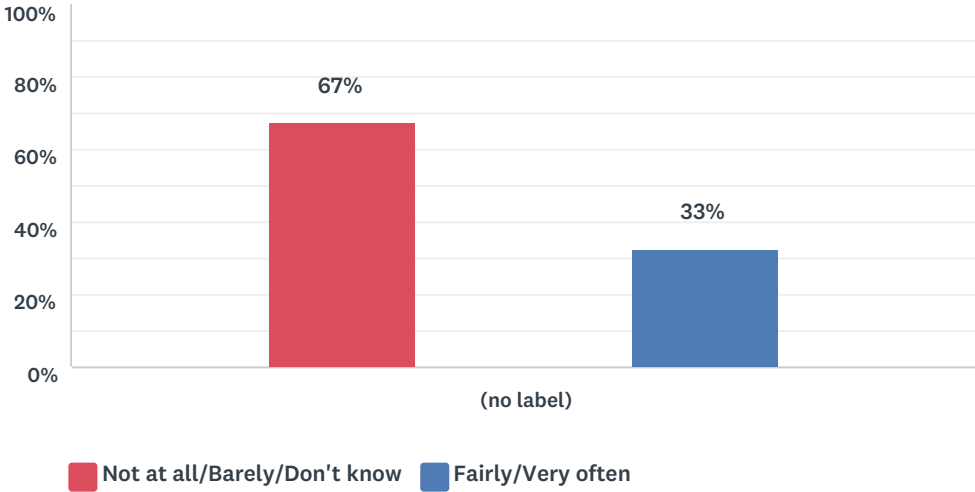


|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY OFTEN | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|-------------------|-------|------------------|
| (no label) | 50%<br>163                   | 50%<br>160        | 323   | 1.50             |



**Q29 Since beginning work at SBC DPH, how often have you received flexible and/or paid time to attend community meetings and otherwise engage with community members?**

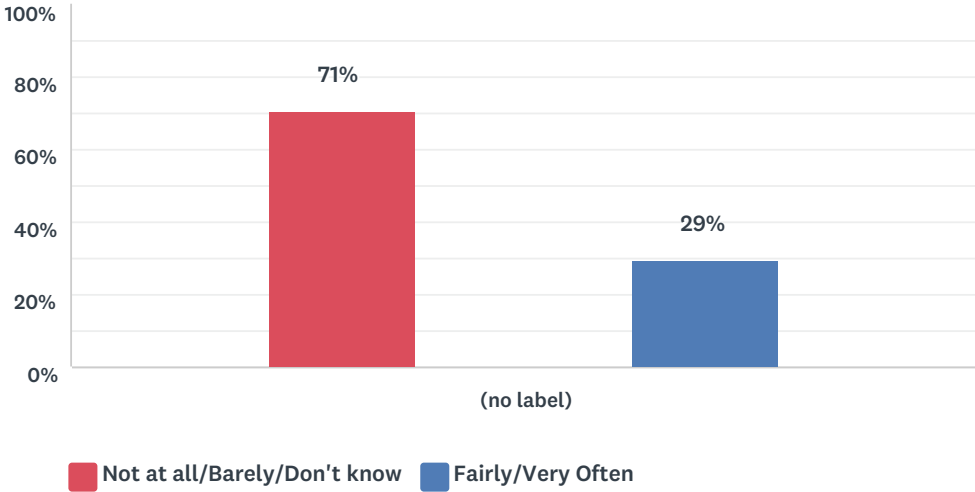
Answered: 323 Skipped: 32



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY OFTEN | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|-------------------|-------|------------------|
| (no label) | 67%<br>218                   | 33%<br>105        | 323   | 1.33             |

### Q30 Since beginning work at SBC DPH, how often have you received mentoring or coaching to provide you support in addressing health inequities?

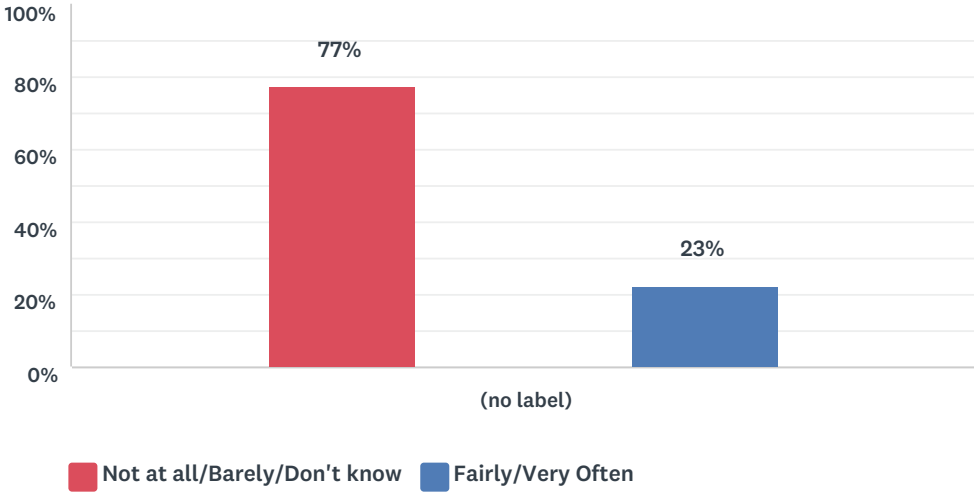
Answered: 323 Skipped: 32



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY OFTEN | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|-------------------|-------|------------------|
| (no label) | 71%<br>228                   | 29%<br>95         | 323   | 1.29             |

### Q31 Since beginning work at SBC DPH, how often have you provided mentoring or coaching to staff to support them in addressing health inequities?

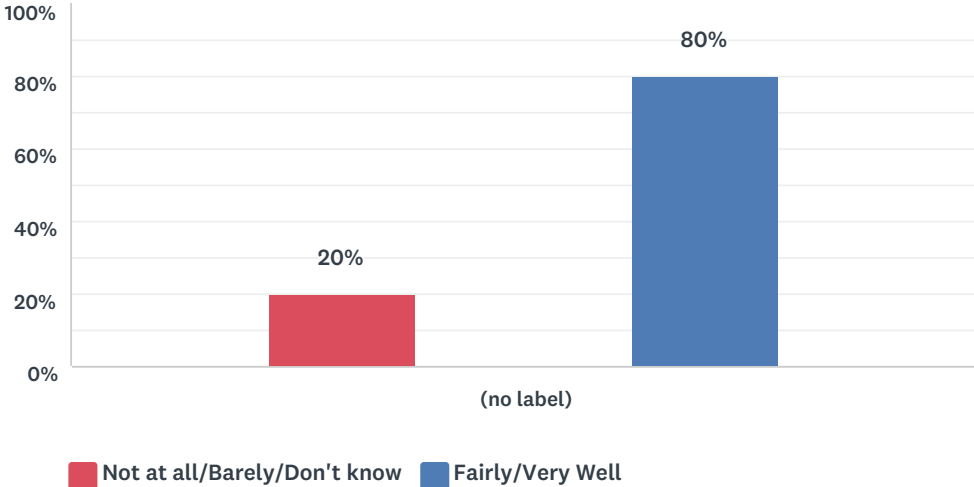
Answered: 323 Skipped: 32



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY OFTEN | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|-------------------|-------|------------------|
| (no label) | 77%<br>250                   | 23%<br>73         | 323   | 1.23             |

### Q32 Does SBC DPH's mission statement express a commitment to addressing health inequities?

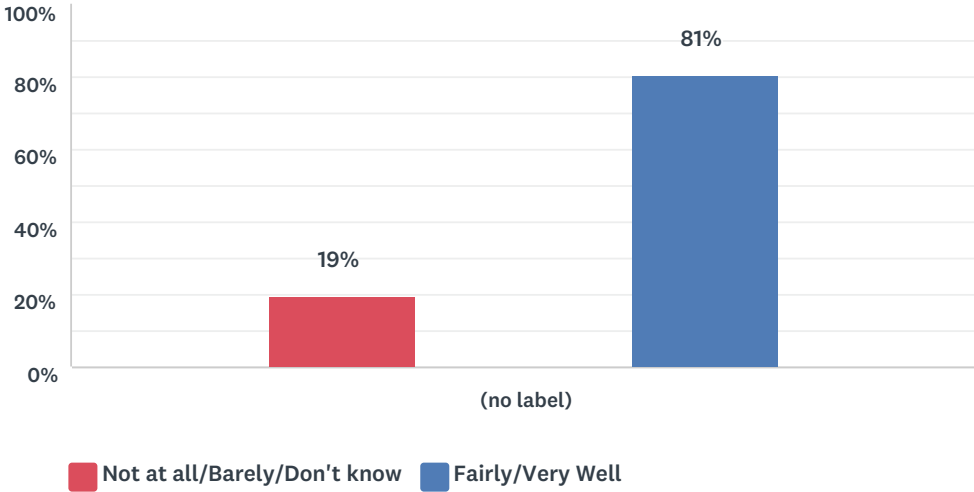
Answered: 311 Skipped: 44



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 20%<br>62                    | 80%<br>249       | 311   | 1.80             |

### Q33 Does SBC DPH, as an organization, demonstrate a commitment to addressing environmental, social and economic conditions that impact health?

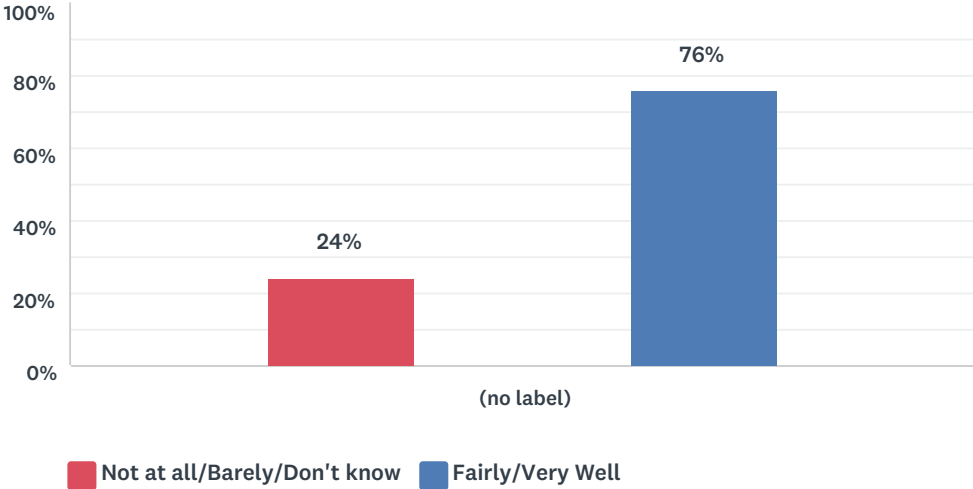
Answered: 311 Skipped: 44



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 19%<br>60                    | 81%<br>251       | 311   | 1.81             |

**Q34 Does SBC DPH, as an organization, demonstrate a commitment to working with external partners, policy-makers, and community members to address environmental, social and economic conditions that impact health inequities?**

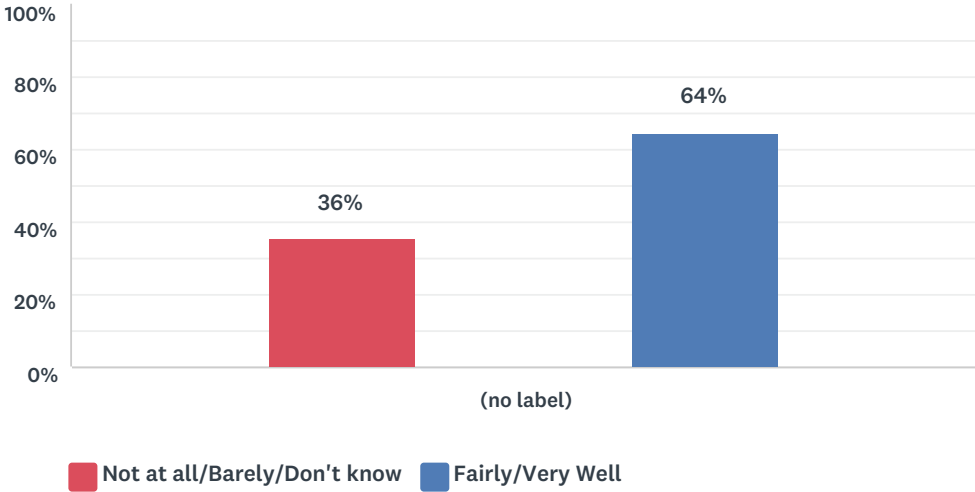
Answered: 311 Skipped: 44



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 24%<br>75                    | 76%<br>236       | 311   | 1.76             |

### Q35 Does SBC DPH have strategies in place to advocate for public policies that address environmental, social and economic conditions that impact health?

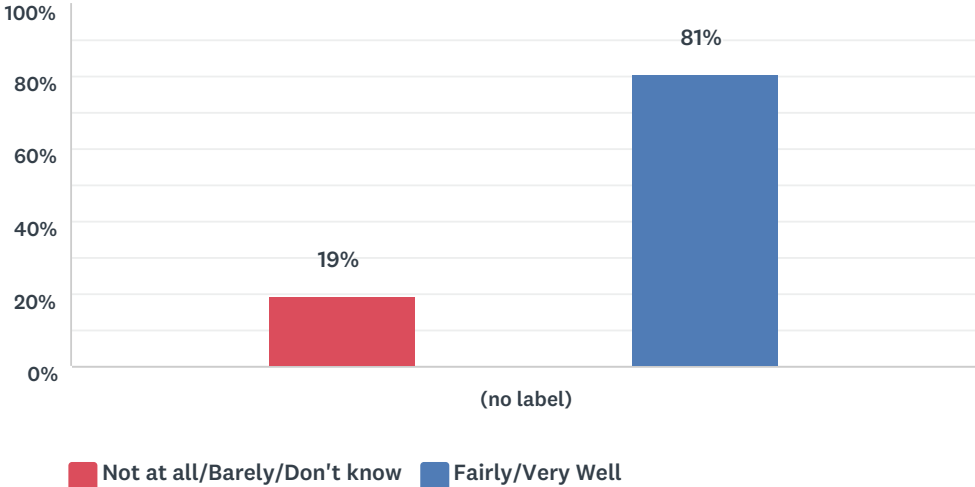
Answered: 311 Skipped: 44



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 36%<br>111                   | 64%<br>200       | 311   | 1.64             |

### Q36 Does staff at SBC DPH demonstrate a commitment to addressing environmental, social and economic conditions that impact health?

Answered: 311 Skipped: 44

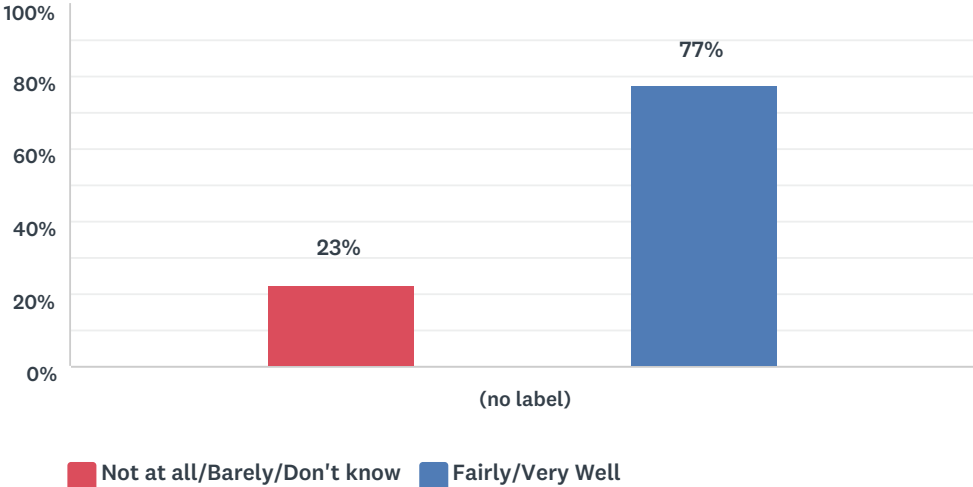


|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 19%<br>60                    | 81%<br>251       | 311   | 1.81             |



### Q37 Does SBC DPH’s strategic plan express a commitment to addressing health inequities?

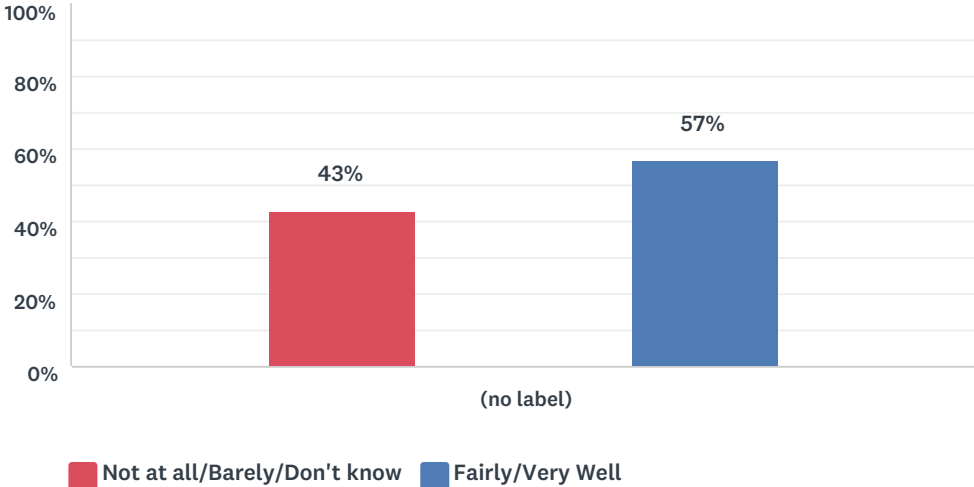
Answered: 311 Skipped: 44



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 23%<br>70                    | 77%<br>241       | 311   | 1.77             |

### Q38 If your program has its own strategic plan, does it describe efforts to address health inequities?

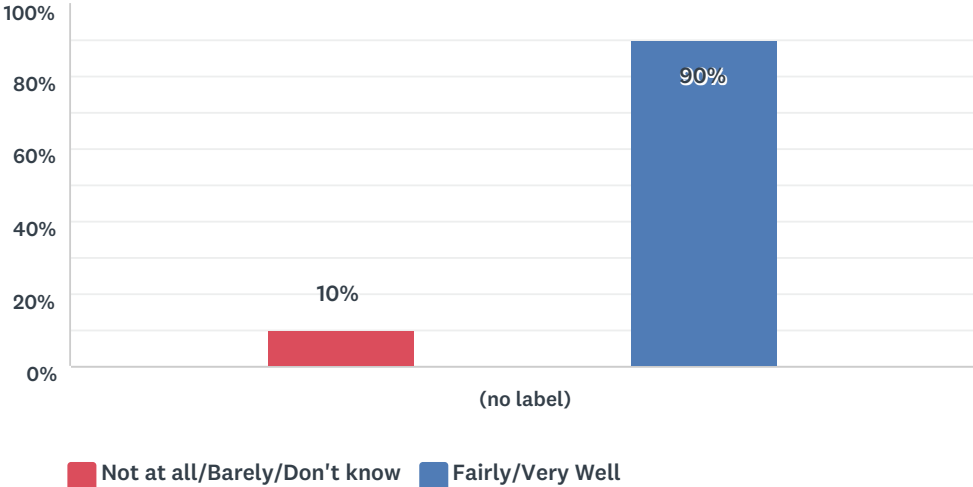
Answered: 311 Skipped: 44



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 43%<br>134                   | 57%<br>177       | 311   | 1.57             |

### Q39 I understand what the environmental, social, and economic conditions are that impact health.

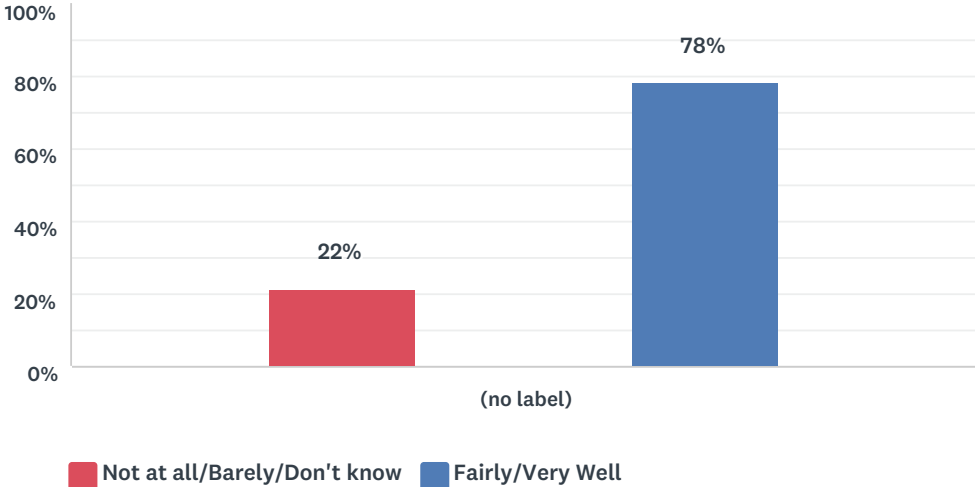
Answered: 296 Skipped: 59



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 10%<br>29                    | 90%<br>267       | 296   | 1.90             |

**Q40 I could explain the environmental, social and economic conditions that impact health to my co-workers.**

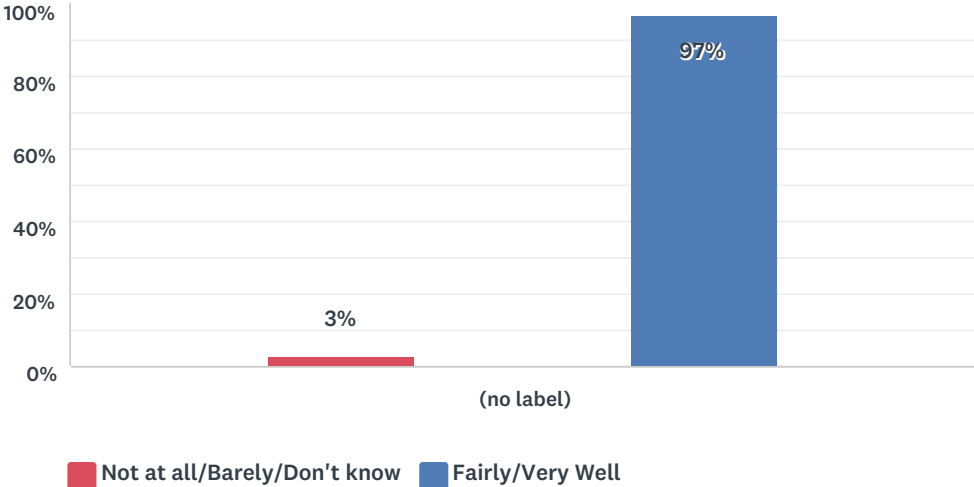
Answered: 296 Skipped: 59



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 22%<br>64                    | 78%<br>232       | 296   | 1.78             |

**Q41 I believe it is important to understand the beliefs and values of the residents and community members served by SBC DPH.**

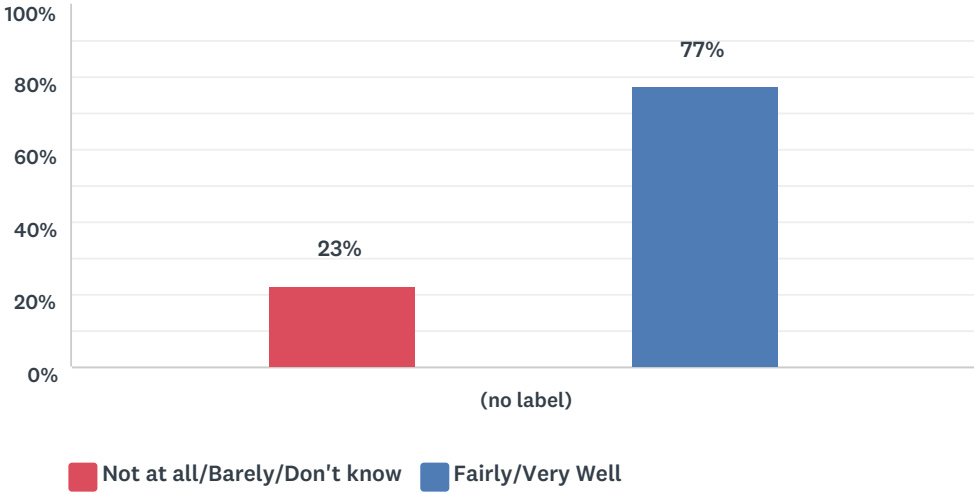
Answered: 296 Skipped: 59



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 3%<br>9                      | 97%<br>287       | 296   | 1.97             |

**Q42 I have taken steps to enhance my own cultural competence, and/or cultural understanding (e.g., through trainings, self-reflection, personal relationships, etc.).**

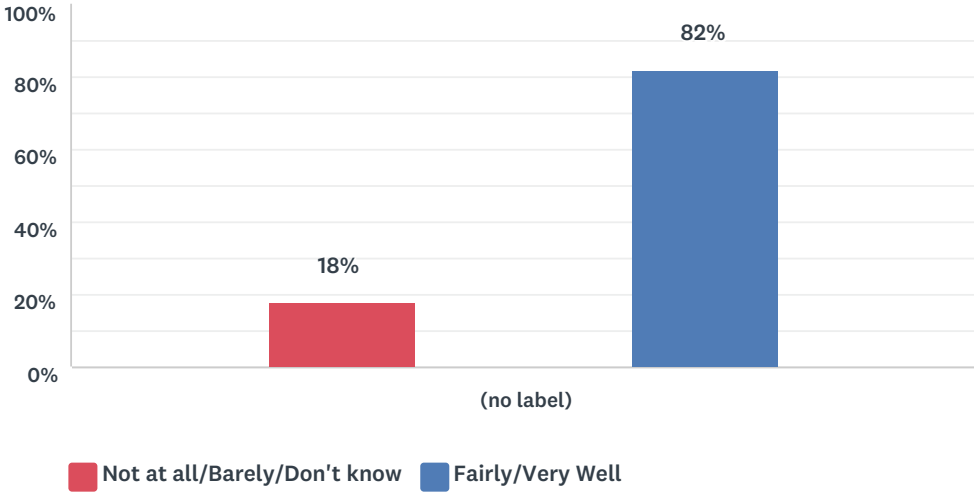
Answered: 296 Skipped: 59



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 23%<br>67                    | 77%<br>229       | 296   | 1.77             |

**Q43 I reflect on and examine my own cultural background, biases and prejudices related to race, culture and sexual orientation that may influence my behaviors.**

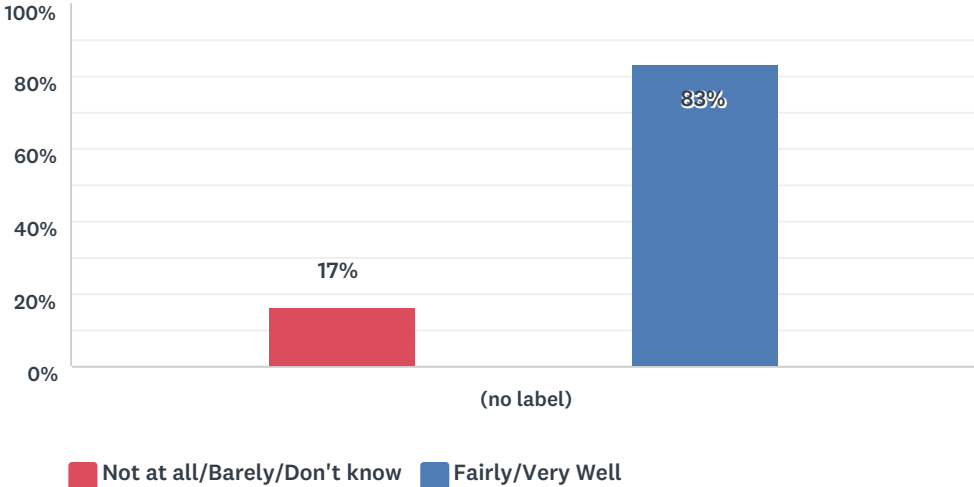
Answered: 296 Skipped: 59



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 18%<br>54                    | 82%<br>242       | 296   | 1.82             |

### Q44 I continue to learn about the cultures of the community members and families served by our programs.

Answered: 296 Skipped: 59

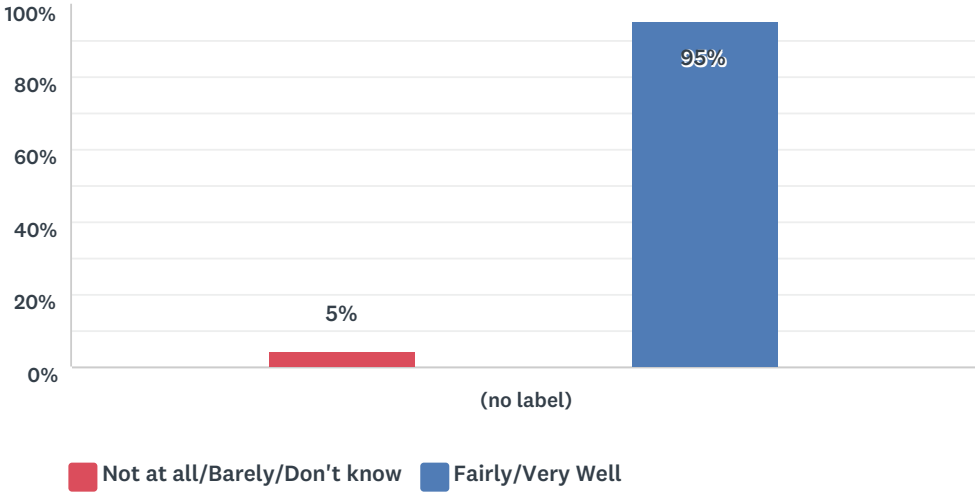


|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 17%<br>49                    | 83%<br>247       | 296   | 1.83             |



**Q45 I recognize and accept that the community members and family members make the ultimate decisions even though they may be different compared to my personal and professional values and beliefs.**

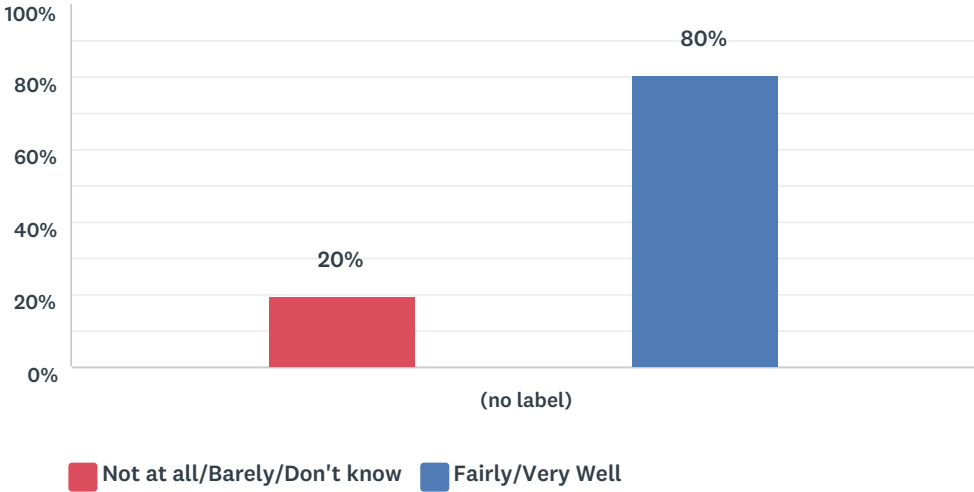
Answered: 296 Skipped: 59



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 5%<br>14                     | 95%<br>282       | 296   | 1.95             |

**Q46 I utilize methods of communication, including written, verbal, pictures, and diagrams, which will be most helpful to the community members, families, and other program participants.**

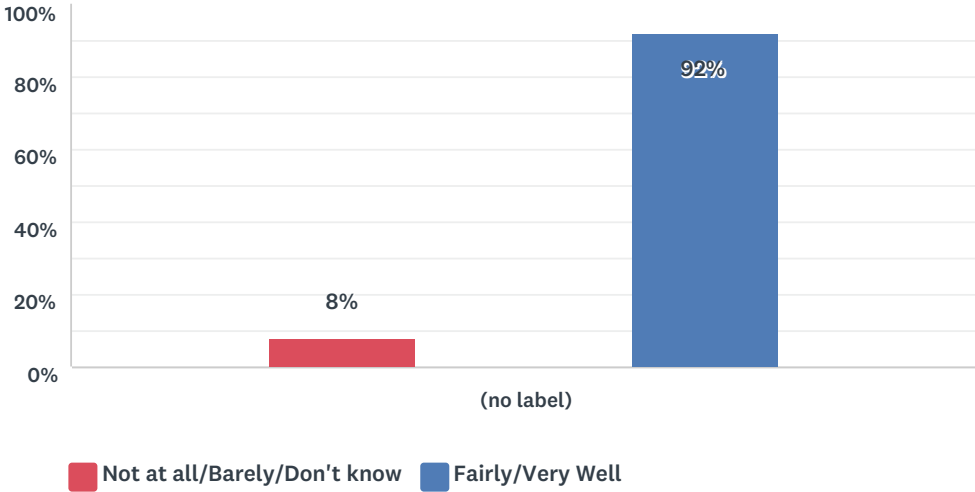
Answered: 296 Skipped: 59



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 20%<br>58                    | 80%<br>238       | 296   | 1.80             |

**Q47 I am flexible, adaptive, and will initiate changes, which will better serve community members, families, and other program participants from diverse cultures.**

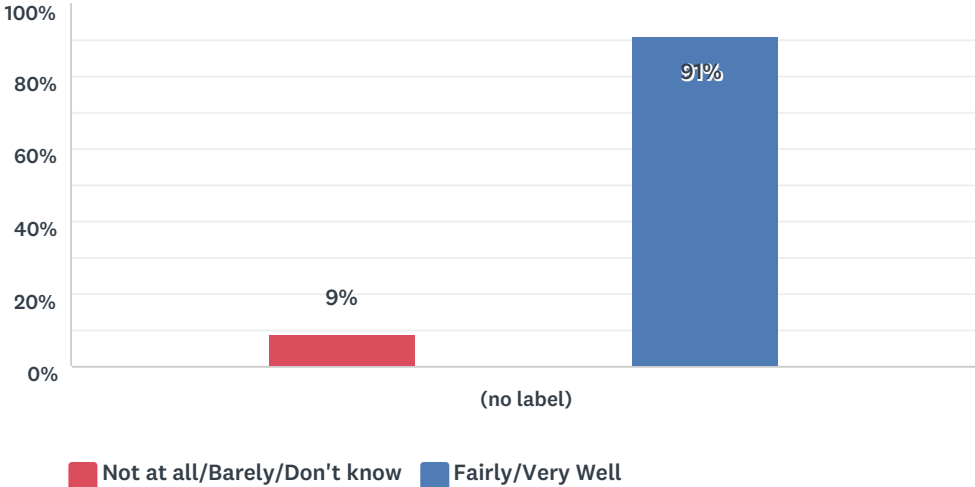
Answered: 296 Skipped: 59



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 8%<br>23                     | 92%<br>273       | 296   | 1.92             |

**Q48 I am mindful of cultural factors that may be influencing the behaviors of community members, families, and other program participants.**

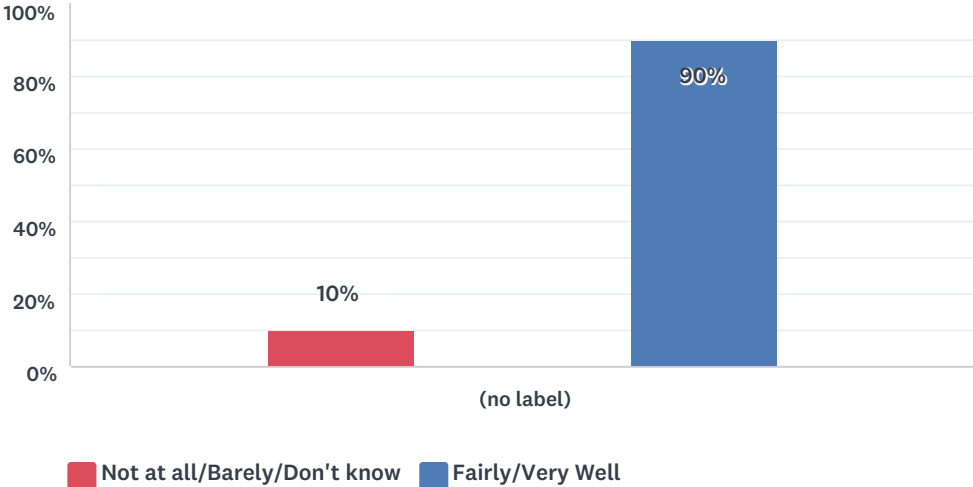
Answered: 296 Skipped: 59



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 9%<br>26                     | 91%<br>270       | 296   | 1.91             |

### Q49 I feel my work environment is supportive of many different cultural perspectives.

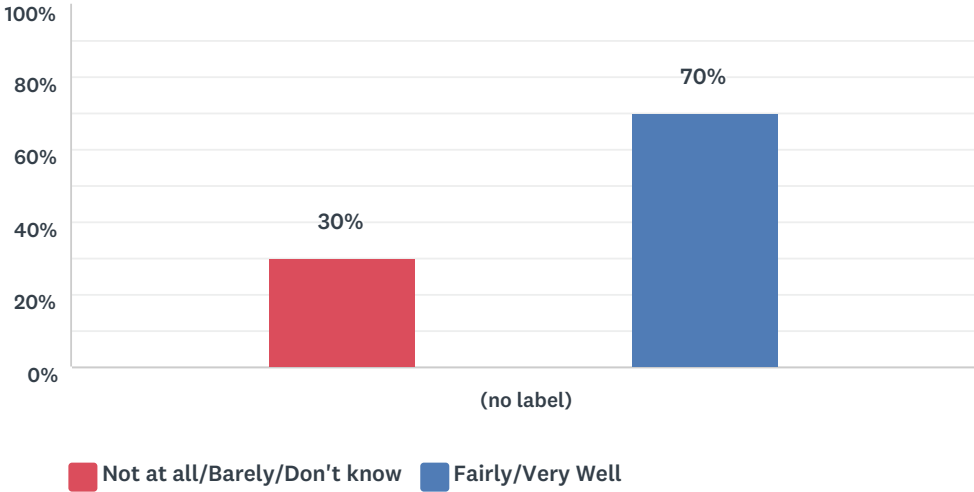
Answered: 296 Skipped: 59



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 10%<br>30                    | 90%<br>266       | 296   | 1.90             |

**Q50 I intervene, in an appropriate manner, when I observe other staff engaging in behaviors that appear culturally insensitive or reflect prejudice.**

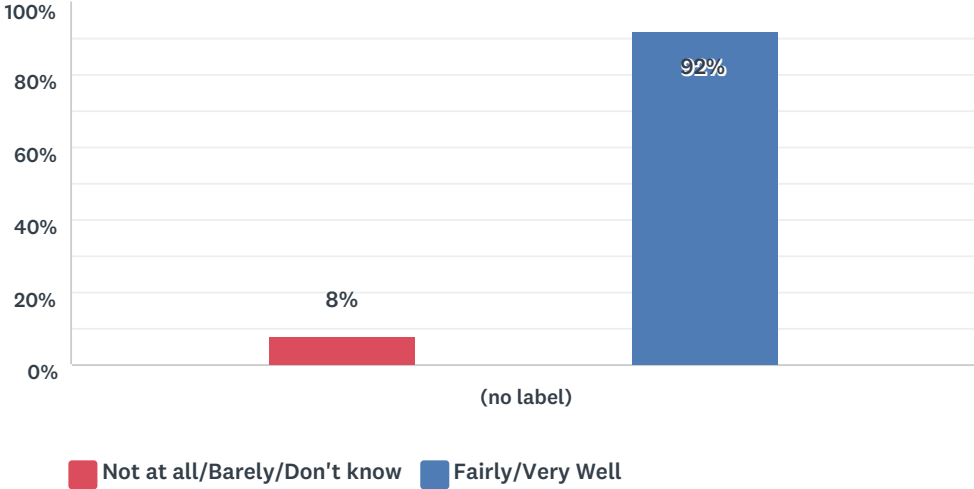
Answered: 292 Skipped: 63



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 30%<br>87                    | 70%<br>205       | 292   | 1.70             |

Q51 I have a good understanding of how culture can affect health.

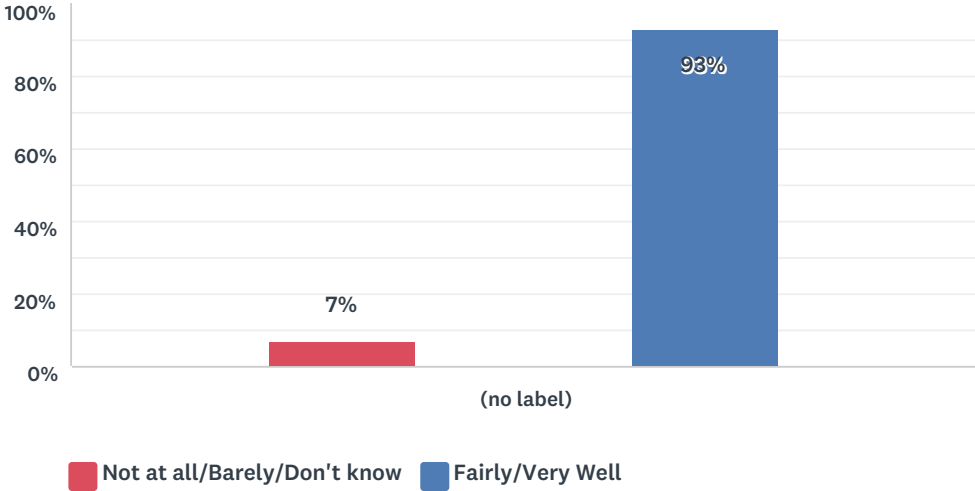
Answered: 292 Skipped: 63



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 8%<br>23                     | 92%<br>269       | 292   | 1.92             |

### Q52 I have a good understanding of what it means to be culturally competent.

Answered: 292 Skipped: 63

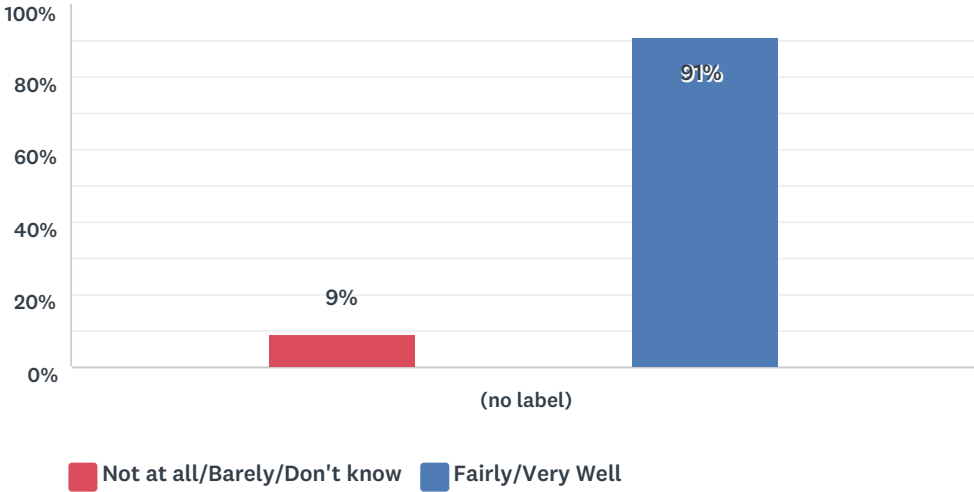


|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 7%<br>20                     | 93%<br>272       | 292   | 1.93             |



**Q53 I have a good understanding of the potential consequences to the population or community if the public health system is not culturally competent.**

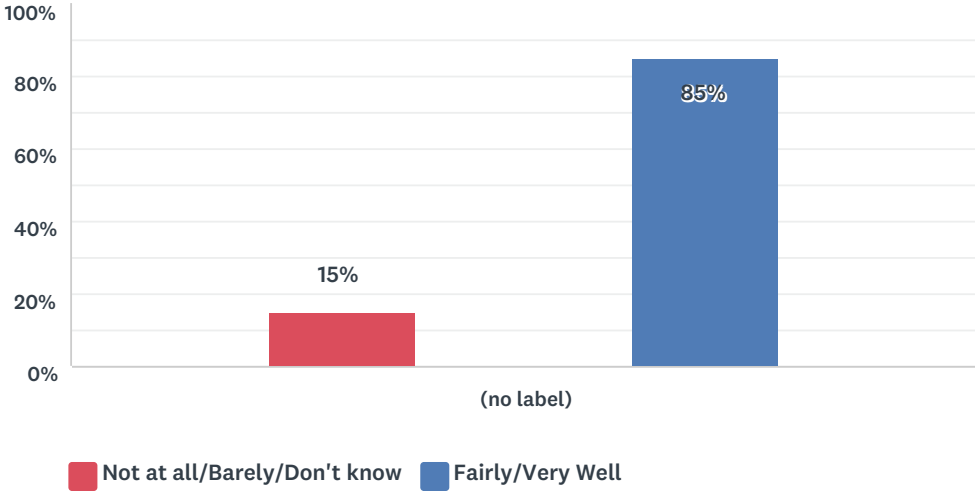
Answered: 292 Skipped: 63



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 9%<br>27                     | 91%<br>265       | 292   | 1.91             |

### Q54 I am confident that I know how to enhance my cultural competency skills.

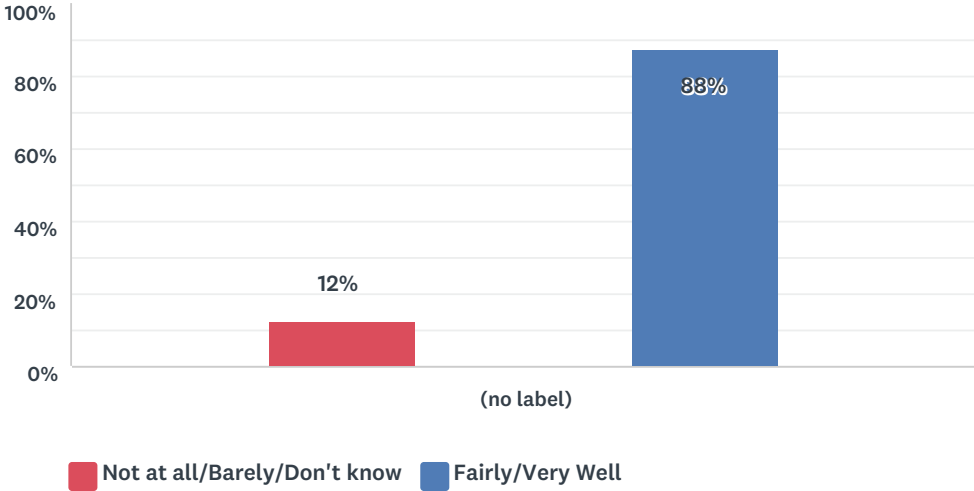
Answered: 292 Skipped: 63



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 15%<br>44                    | 85%<br>248       | 292   | 1.85             |

**Q55 I always consider cultural differences of my community in regards to the services we provide.**

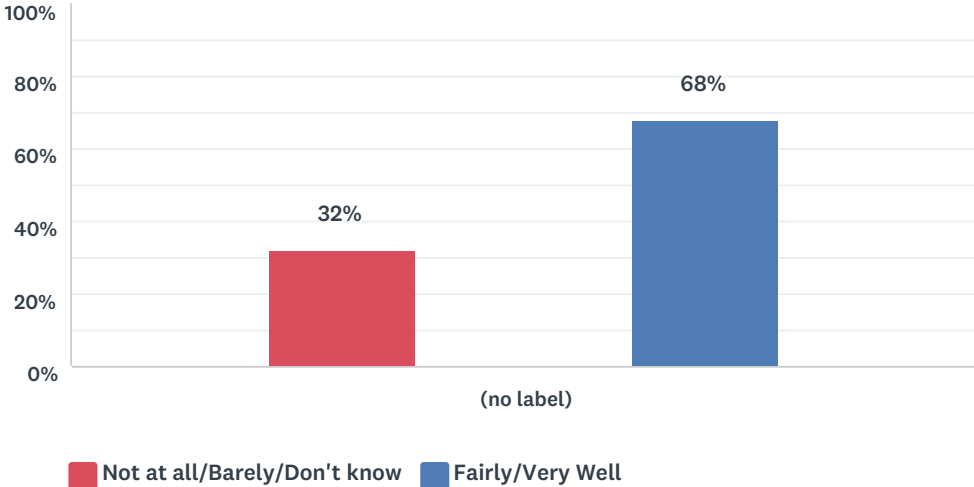
Answered: 292 Skipped: 63



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 12%<br>36                    | 88%<br>256       | 292   | 1.88             |

**Q56 I am familiar with information sources that can help me identify and learn about major concerns in the community I serve.**

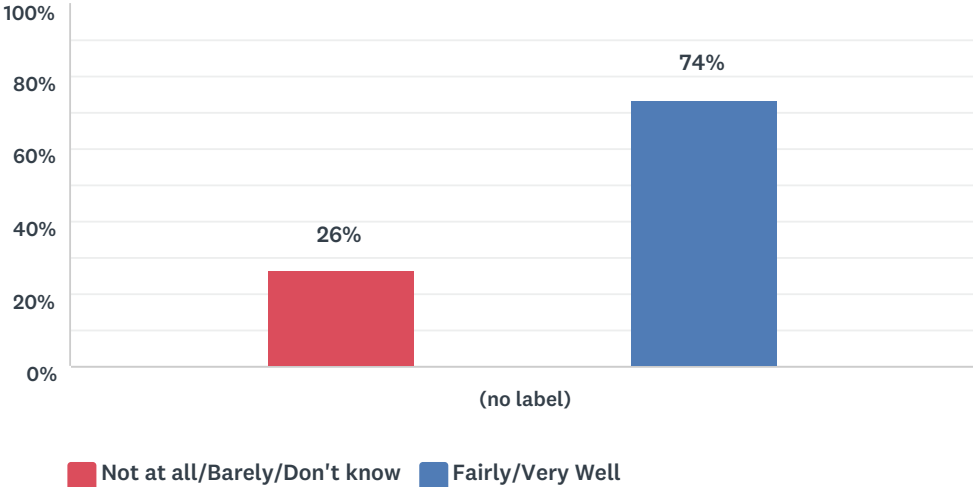
Answered: 292 Skipped: 63



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 32%<br>94                    | 68%<br>198       | 292   | 1.68             |

### Q57 I am familiar with the major health inequities affecting residents in the community we serve.

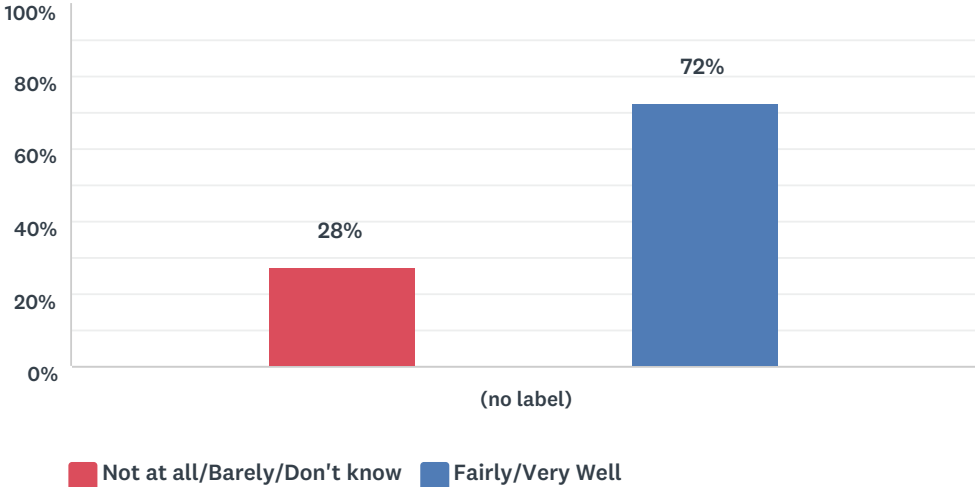
Answered: 292 Skipped: 63



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 26%<br>77                    | 74%<br>215       | 292   | 1.74             |

**Q58 I am familiar with the strengths and resources of the community we serve.**

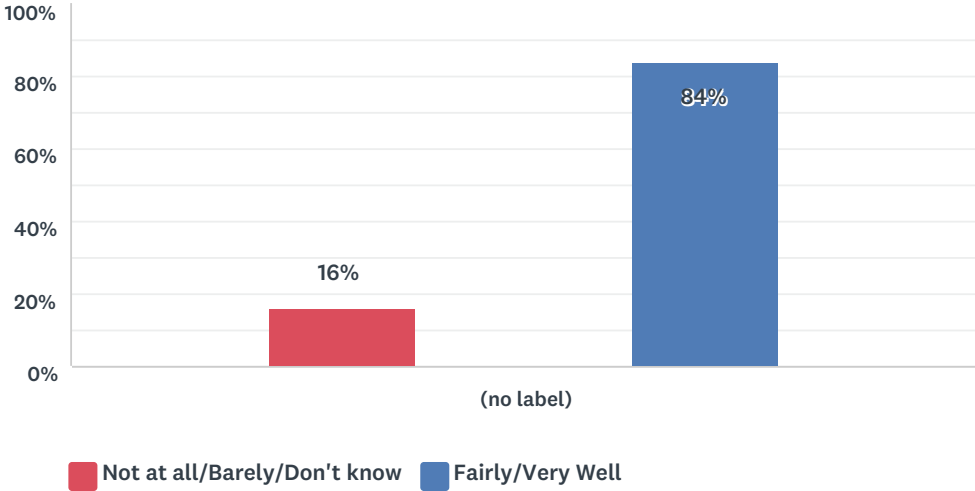
Answered: 292 Skipped: 63



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 28%<br>81                    | 72%<br>211       | 292   | 1.72             |

**Q59 I am familiar with the demographic composition of the community we serve.**

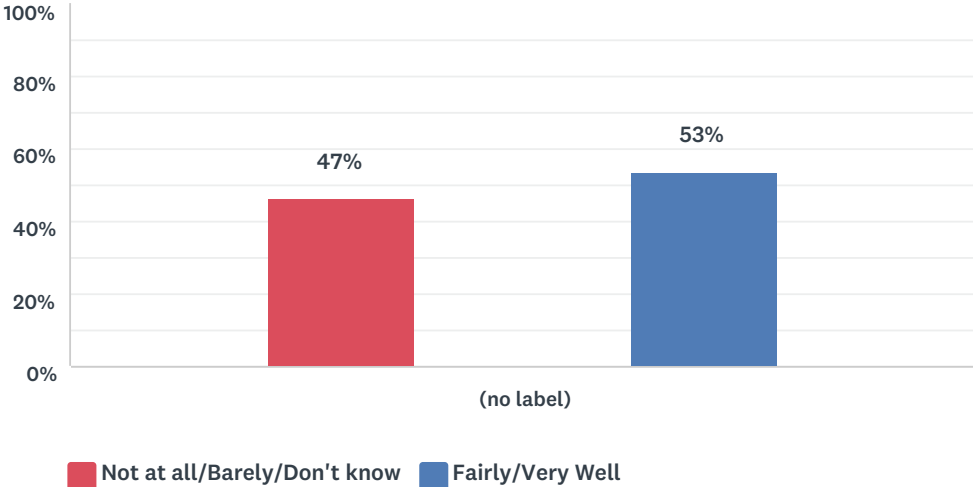
Answered: 292 Skipped: 63



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 16%<br>47                    | 84%<br>245       | 292   | 1.84             |

**Q60 When SBC DPH’s priorities don’t match the priorities of a community group we’re working with, I know how to resolve such a conflict.**

Answered: 292 Skipped: 63



|            | NOT AT ALL/BARELY/DON'T KNOW | FAIRLY/VERY WELL | TOTAL | WEIGHTED AVERAGE |
|------------|------------------------------|------------------|-------|------------------|
| (no label) | 47%<br>136                   | 53%<br>156       | 292   | 1.53             |



## Q61 Please provide any additional comments you may have regarding this questionnaire. (Optional)

Answered: 24 Skipped: 331

| #  | RESPONSES   | DATE               |
|----|---|--------------------|
| 1  | I assume that we should read this as "Do you agree with these statements: slightly disagree (barely), agree (Fairly Well), strongly agree (Very Well). This was worded in a confusing way.  | 1/13/2018 9:51 AM  |
| 2  | Many questions are not applicable to my program. N/A should be a choice. For example: question 45. The ultimate decision is up to my programs interpretation of code as the regulating authority. It is not up to family members, etc.  | 1/11/2018 3:51 PM  |
| 3  | N/A   | 1/11/2018 2:57 PM  |
| 4  | Sometimes I am unable to help my community due to policy and procedures in place. I have other peers that work as the case managers and make decisions regardless of my professional advice. The community will not be assisted properly, when my advisements are not considered.   | 1/10/2018 1:51 PM  |
| 5  | Thank you   | 1/10/2018 1:10 PM  |
| 6  | Staff should be allowed to attend trainings. When staff asks to attend trainings, were told to do it on our own time...vacation time.   | 1/10/2018 11:20 AM |
| 7  | More action needs to be taken to match the literature.  | 1/9/2018 9:31 AM   |
| 8  | Some questions imply things happen in the work place that actually don't.   | 1/8/2018 4:29 PM   |
| 9  | n/a   | 1/8/2018 3:55 PM   |
| 10 | No comment at this time.  | 1/8/2018 8:46 AM   |
| 11 | While not personally being involved in this, I have observed what others in my section and other sections have done to address inequities in our community.   | 1/5/2018 2:21 PM   |
| 12 | Having an MPH, I feel confident about my knowledge and skill on culturally competencies.  | 1/3/2018 2:49 PM   |
| 13 | I do believe my department is a little different; even though we are in the public health department we primarily deal with animal ordinances.  | 1/3/2018 1:51 PM   |
| 14 | I did not like the use, or option, of "Barely".   | 1/3/2018 1:39 PM   |
| 15 | I feel that the people in leadership positions at this Health Dept. 10 years ago knew more about what Public Health is than the current leadership. In terms of training, the only reason I could answer "fairly well" is that I was thinking of the entire time I have been here, and not just the last 10 years. I feel the front line staff like myself used to be actively mentored and encouraged to partner with different community organizations, but not any more. I also don't feel that the people at the Administrative level in the Health Dept. or SB County as a whole are interested in the contributions/opinions of people like myself. There is a lot of lip service to lofty ideals, but I don't see a lot of effective action. I feel that this is because the people at the top don't respect the expertise of line staff. This organization is run from the top down, not the bottom up, regardless of what it says on the web-site. | 12/19/2017 1:39 PM |
| 16 | I think that we should have our community involvement in clinics such as volunteers reading in the waiting room or massage therapy students getting hours there, and have the clinics be part of the community rather than satellites which people don't claim as their own.  | 12/19/2017 8:42 AM |
| 17 | The questionnaire barely touches on specifics which makes answering the questions difficult. Also, if there are instances that one may have not experienced a specific scenario, how does one answer accurately?  | 12/19/2017 8:25 AM |
| 18 | I refer to some programs outside of our own, but rely on referring our patients to our social workers, internet/intranet resources and the few programs that we are familiar with in DPH.   | 12/19/2017 8:22 AM |
| 19 | na  | 12/19/2017 8:17 AM |
| 20 | Needles is a very low resource area and it seems that getting resources is difficult.   | 12/19/2017 7:44 AM |

## San Bernardino County Department of Public Health (SBC DPH) Cultural Competency Questionnaire

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|    |   |                     |
|----|---|---------------------|
| 21 | customers are becoming more demanding   | 12/18/2017 4:54 PM  |
| 22 | thank you   | 12/18/2017 3:46 PM  |
| 23 | Vital Statistics does not deal directly with health inequities. However, we do interact with culturally diverse customers who purchase vital records  | 12/18/2017 12:06 PM |
| 24 | I would love to have more opportunities (webinars, seminars, reading or viewing materials) to listen to the perspectives of community members, especially from different ethnic/racial, cultural, religious, and/or socioeconomic groups. | 12/18/2017 11:56 AM |

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