NYP PPS Cultural Competency/Health Literacy Training Needs Assessment Survey

Contact Information

1. Name: *

2. Organization: *

3. Professional Email: *

4. Phone Number: *

Needs Assessment

5. Approximately what percent of your organization's clients speak English as a first language? *

- 0-25%
- 26-50%
- 51-75%
- 75-100%
- Unsure

6. Which types of staff does your organization employ? (Select all that apply.) *

- [ ] Clinical staff
- [ ] Social workers
- [ ] Case managers
- [ ] Community Health Workers/Peers/Patient Navigators
- [ ] Other (Please specify).

Please Specify. *

7. Does your organization currently have readily accessible, trained interpreters, telephonic interpretation or other interpretation services for languages relevant to your primary client demographics? *

- Yes
- No
- Somewhat

Please describe (e.g. ad hoc interpreters, certified services, bilingual staff, etc.). *

Which languages are provided? *

Please explain (e.g. limited language availability, limited hours, etc.). *

Which languages are provided?
*

8. Does your organization provide written materials in a variety of languages relevant to your primary client demographics?
*

- Yes
- No
- Somewhat

Which languages are provided? *

Please explain (e.g. limited languages, some materials but not all, etc.). *

Which languages are provided?
*

9. How linguistically accessible and easily understood are your organization's written materials (i.e. can clients/patients of any reading level understand them)?
*

- Very accessible
- Somewhat accessible
- Barely accessible
- Not at all accessible
- Unsure

10. Does your organization have policies and protocols that consider relevant needs in care delivery with regard to any of the following cultural factors: race, ethnicity, religious beliefs, age, national origin, gender, gender identity/expression, sexual orientation, socioeconomic levels, and disabilities?
*

- Yes *
- No
- Somewhat *

*If so, which of the following areas do these policies and procedures address? (Select all that apply.) *

- [ ] Cultural sensitivity
- [ ] Population-based health disparities
- [ ] Patient-centered, cross-cultural communication
- [ ] Limited English Proficiency interpretation and translation basics
- [ ] Health literacy
- [ ] Social and environmental barriers to treatment adherence
- [ ] LGBTQ health issues
- [ ] Other (Please explain.)

Please explain. *

11. Does your organization currently provide training on cultural competency/health literacy with respect to any of the aforementioned cultural factors?
*

- ○ Yes (Please explain.)
- ○ No
- ○ Somewhat (Please explain.)

If so, which of the following areas does the training framework address? (Select all that apply.) *

- [ ] Cultural sensitivity
- [ ] Population-based health disparities
- [ ] Patient-centered, cross-cultural communication
- [ ] Limited English Proficiency interpretation and translation basics
- [ ] Health literacy
- [ ] Social and environmental barriers to treatment adherence
- [ ] LGBTQ health issues
- [ ] Other (Please explain.)

Please explain. *

12. In which of the following areas could your organization benefit from supplementary training? (Select all that apply.) *

- [ ] Cultural sensitivity
- [ ] Population-based health disparities
- [ ] Cross-cultural communication
- [ ] Limited English Proficiency interpretation and translation basics
- [ ] Health literacy
- [ ] Social and environmental barriers to treatment adherence
- [ ] LGBTQ health issues
- [ ] Other (Please explain.)

Please explain. *

13. Would you be interested in attending online or in-person trainings on any of the topics listed above? *

- ○ Yes, online trainings only
- ○ Yes, in-person trainings only
- ○ Yes, both online and in-person
- ○ No

14. Does anyone in your network have expertise in a cultural competency or health literacy-related field and would they be interested in speaking, leading or participating in a NYP PPS event or training? *

- Yes (Please explain.)
- No

Please explain: *

Name:

Title/Role:

Email:

Phone Number:

15. Please describe your main client demographics including any race, ethnicity, religious beliefs, age, national origin, gender, gender identity/expression, sexual orientation, socioeconomic levels, disabilities and other distinct communities. *

Please leave any additional comments or questions.