Cultural Competence aids in the transformation and overall improvement of health care services through the integration of policies, strategies, programs, and activities across culturally, linguistically, and racially diverse, and multi-ethnic communities to facilitate system health equity through the elimination of disparities.

**NEEDS ASSESSMENT**
- Delineates comprehensive knowledge about the cultural groups being served.
- Allows for examination of the extent to which services reach and engage the community.
- Informs the organization about the community’s preferences in order to develop culturally responsive and appropriate services.

**INFORMATION EXCHANGE**
- Information received by the organization about the cultural characteristics of the community.
- Information shared by the organization with the community is respectful of cultural values and reflects the appropriate literacy levels.
- Information made available in a variety of formats (written/pictures/media) and a variety of culturally appropriate venues.

**SERVICES**
- All clinical/non-clinical activities (interactions, assessments, interventions...) are offered in a manner consistent and appropriate to the culture of the individual.
- The organization is striving to reduce disparities through their service delivery.

**HUMAN RESOURCES**
- Infusion of cultural competence into all levels of the organization (executive, leadership, board of directors, staff, and volunteers).
- Includes position descriptions, performance appraisals, training, etc.

**POLICIES/PLANS**
- Existence of specific mechanisms to ensure that tasks and procedures are conducted in a culturally competent manner.
- Presence of a comprehensive plan and budget for carrying out and monitoring cultural competence related activities.

**CULTURAL COMPETENCE OUTCOMES**
- Outcomes for one cultural group should be consistent with the outcomes for the entire population served by the organization.
- Outcome data and customer/consumer/patient feedback must be collected and analyzed. Data should be stratified by demographic variables to include race and ethnicity—with special attention paid to vulnerable populations.
- Special attention must be paid to drop-out and no-show rates as well as service utilization.