

**PATHWAYS TO CULTURALLY COMPETENT CARE**  
*Final Report – 2008 Program Implementation Grantees*

**Date Submitted:**

**Name of Organization:**

**Address:**

**Executive Director/President/CEO:**

**Phone:**

**E-Mail:**

**Primary Program Contact:**

**Title:**

**Phone:**

**E-Mail:**

**Fax:**

**Program Name (if applicable):**

**Program Partners (if applicable):**

**Grant Amount:**

**Period that this report covers:**     \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Please submit this report in one of the following ways:**

**Mail:**           BCBSMA Foundation, 401 Park Drive, Boston, MA 02215, Attn: PCC Final Report

**Fax:**             617-246-3992

**E-Mail:**        [grantinfo@bcbsmafoundation.org](mailto:grantinfo@bcbsmafoundation.org), Subject PCC Final Report

\*If you have requested in writing/e-mail at least 30 days prior to the due date, an extension for submitting this Final Report please indicate below the date that was agreed upon and the name of the person granting the extension, and submit this form by fax to the attention of Angela McCoy, Grants and Special Projects Manager.

Extension Date: \_\_\_\_\_

Granted by (Foundation staff): \_\_\_\_\_

### ***Program Implementation Grant Recipients:***

If your organization currently has a Program Implementation Grant, this is your final year of funding for this specific program. Your final report is **according to the date stated in your grant agreement**. As a reminder, current Program Implementation grant recipients are not eligible to apply for 2008 grants in this program area.

Please answer all of the questions as thoroughly as possible, and submit a final financial report. The narrative and financial sections of **this report should not exceed 10 pages**. You may attach press clips, brochures and other materials pertaining to the funded program, which will not be considered in the maximum page count.

---

## **NARRATIVE**

### ***A. Summary and Results***

1. Please provide brief (four to five sentences) highlights of your Program Implementation Year activities and accomplishments.
2. In simple, clear, concise terms, tell us what Results\* (not goals) you were trying to achieve during the Program Implementation Year. What progress was made towards realizing these Results for your organization, your patients, your community, your partners?
3. To whom were you accountable for these Results, and what were the expectations for reporting or demonstrating your accomplishments or progress during the Program Implementation Year? (E.g. regular meetings, filing reports, presentations, etc.)
4. Please share information about any setbacks or delays during the year and how these were addressed.

### ***B. Program Implementation***

1. Please briefly describe your Program Implementation Model. What occurred during the Planning Year that helped you to develop this approach to strengthening your organization's capacity to deliver culturally competent care?
2. Please describe how this program model might help to promote organizational change.
3. What were the unexpected results or key learning (positive, negative or challenging) during Program Implementation?
4. If your program involved collaboration, please comment on the nature of the partnership during Program Implementation (Were these the same partners during Planning? Describe the role of partners. Were they compensated for their involvement?, etc.). Please include relevant information regarding paid consultants in this section, as well.

***C. Measurement*** – This section of the report focuses on measuring performance, tracking and reporting tools and strategies, assessing quantitative and qualitative accomplishments, and the current and anticipated impact of your initiatives. The following questions include examples to help clarify the type of information needed.

1. How much did you do? (Answer this question to address such metrics as how many people were trained, how many patients were served, how many information sessions were held, how many surveys were distributed, etc.? This addresses **quantity only**.)
2. How well did you do it? (Answer this question by sharing written or verbal reactions, survey responses, demonstrated behavioral changes, etc. from your primary “customers,” and the numbers of responses. For example, the number of staff that completed training, providing both the percentage of positive and negative responses; the number of patients that completed a patient satisfaction survey indicating the percentage of both positive and negative responses, both culturally respectful and negative clinical encounters; the number of clinicians providing both favorable and negative feedback regarding a training, etc. This addresses the **quality and quantity of your effort**.)
3. How did you measure if your customers are better off during the Program Implementation year?
  - a) How did you measure if you are delivering the service well; if there was a change produced as a result of your effort, how much change and the quality/nature of the change?
  - b) Please provide detailed information about the tools, strategies or protocols that were developed (possibly during the Planning phase) to measure your efforts during Implementation.

***Sustainability:***

1. Has your organization discussed ways to institutionalize this program model to help ensure sustainability and ongoing organizational commitment?
2. Have you identified additional sources of funding to help sustain this effort?

***Additional Information:***

1. Please share with the BCBSMA Foundation staff and board any other information about your Program Implementation that you believe will help us to understand the overall value and impact of your initiative.
2. If your organization worked with an outside consultant, and you were pleased with the quality of their work, their responsiveness, their rapport with staff and senior management, and would hire them again, the Foundation would like to know. Please complete the section below, if you wish to share this information.

**FINANCIAL REPORT**

***Program Implementation Year Report*** - Please submit a detailed program budget and grant expenditure report for the Program Implementation Year, including any other sources of income. It is helpful for the BCBSMA Foundation to understand the costs associated with managing programs in this grant area.

***\*Sample Result statement:*** As a result of the “Pathways” Planning and Program Implementation grant period, *XYZ Organization* will have re-trained and certified all medical interpreters, there will be a 75% increase in physician requests for interpreters during clinical encounters, and there will be a 90% increase in completed patient satisfaction surveys because of better communication efforts.

***Program Consultant:***

**Name of Consultant(s):** \_\_\_\_\_

---

---

**Name of Organization/Company (if applicable):** \_\_\_\_\_

---

**Address:** \_\_\_\_\_

---

---

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**We would \_\_\_\_\_ would not \_\_\_\_\_** recommend this consultant to other health care organizations to help build their capacity to deliver culturally competent care. The reasons include (please share as much information as you believe would be helpful):