

Glossary and List of Acronyms



Access: The degree to which services are readily obtainable – determined by the extent to which needed services are available and information about these services is provided, the responsiveness of the system to individual cultural and linguistic needs, and the convenience and timeliness with which services are obtained.

Assessment : The process of documenting, usually in measurable terms, knowledge, skills, attitudes and beliefs. Cultural competence assessments often include a set of specific indicators (measures) that are used as tools to examine, demonstrate and document cultural competence in organizations.

Bilingual staff: Individuals who have some degree of proficiency in more than one language. Bilingual staff includes those who serve in a dual role, providing interpreter services in addition to their primary position.

Community-based participatory research (CBPR): In CBPR, community-based organizations help researchers recruit subjects and play a direct role in designing and conducting research studies. Community members then share the research findings directly with the community.

Community health workers: Health professionals that offer informal counseling and social support, health education, advocacy, referral and follow-up services to clients. Research studies show that community health workers improve health outcomes among racially, ethnically and linguistically diverse populations. By serving as the bridge between clients and health services, they improve access to primary health care, reduce costs of care, improve quality of care and reduce health disparities.

Competence: Having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by people and their communities.

Cultural broker: An individual who bridges, links, or mediates between groups or persons of differing cultural backgrounds for the purpose of reducing conflicts, producing change, or advocating on behalf of a cultural group or person. Cultural brokers can also be medical professionals who draw upon cultural and health science knowledge and skills to negotiate with the patient and health system toward an effective outcome.

Cultural competence: a set of behaviors, attitudes, and policies that come together in a system that enables effective work in cross-cultural situations to effectively address the needs of clients and communities, all of which involves:

- The capacity to value diversity, self-assess personal biases, manage the dynamics of difference, institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities served
- Incorporating the requirements above in all aspects of policy development, administration, and practice/service delivery and involving consumers in a systemic way (as part of common practice).

Culturally and linguistically appropriate services: Health services that are respectful of and responsive to cultural and language needs.

Culture: Integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

Disparities: Differences in health that are closely linked with social, economic and/or environmental disadvantages. Health disparities adversely affect persons who have experienced obstacles to health based on their ethnic or racial group, religion, socioeconomic status, gender, age, mental health, ability status, sexual orientation or gender identity, geographic location or other characteristics historically linked to discrimination or exclusion.

Effective communication: Ensuring clients' understanding of the informed consent process, participation in their own care, understanding of all information provided and ability to fulfill the responsibilities related to their care. Information provided must be complete, accurate, timely, unambiguous, and understood by the patient.

Ethnicity: A person's background, heritage, culture, ancestry, or sometimes the country where persons or their families were born.

Health equity: 1) Distribution of disease, disability and death in such a way as to not create a disproportionate burden on one population. 2) The absence of persistent health differences over time between racial and ethnic groups.

Health literacy: The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

Interpretation: The oral restating in one language of what has been said in another language.

Language services: Mechanisms used to facilitate communication with individuals who do not speak English and those who are deaf or hard-of-hearing. These services can include in-person interpretation using a professional interpreter, bilingual staff, or remote interpreting systems such as telephone or video medical interpreting. Language services also refer to processes in place to provide translation of written materials or signage.

Linguistic competence: The capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with visual and hearing impairments.

Limited English Proficient (LEP): An LEP individual is a person who is unable to speak, read, write or understand the English language at a level that permits him or her to interact effectively with health and social service agencies and providers.

Mutual Assistance Association (MAA): Self-help organizations that assist newcomer communities in the process of adjusting to a new country. Through education, social and other support services, MAAs are closely linked with communities of diverse cultures.

National Standards on Culturally and Linguistically Appropriate Services (CLAS standards): The set of culturally and linguistically appropriate services (CLAS) mandates, guidelines, and recommendations issued by the United States Department of Health and Human Services Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services.

Patient-centered care: Health care that establishes a working partnership with patients and their families to ensure decisions are made that respect and honor patients' wants, needs, and preferences and to ensure that patients have the education and support they need to act as a central resource in their own health and/or the health of their family.

Plain language: Clear, straightforward expression, using only as many words as necessary. It is language that avoids obscurity, inflated vocabulary and convoluted sentence construction. It is not baby talk, nor is it a simplified version of the language. Writers of plain language let their audience concentrate on the message instead of being distracted by complicated language.

Planning : The organizational process of creating and maintaining a plan and the process of thinking about the activities required to create a desired goal on some scale.

Professional health care interpreter: An individual who has the appropriate training and experience to interpret with consistency and accuracy, and who adheres to a code of professional ethics.

Race: Defined as the groups that individuals identify with as having similar physical characteristics or similar social and geographic origins.

Racial bias: A preformed negative opinion or attitude toward a group of persons who have common physical, cultural or linguistic characteristics.

Telephone interpreting: Interpreting carried out remotely, with the interpreter connected by telephone to the principal parties, typically provided through speakerphones or headsets. In health care settings, the principal parties (e.g., doctor and patient) are normally in the same room, but telephone interpreting can be used to serve individuals who are also connected to each other only by telephone.

Threshold population/language: A linguistic group that makes up 15% or more of a program's clients and who share a common language other than English as a primary language. For example, if program XYZ serves 200 clients and at least 30 of them speak Haitian-Creole as a primary language, that group would be considered a threshold population for that program and Haitian-Creole would be considered a **threshold language**. Some programs may target multiple groups, and therefore, may have multiple threshold populations and threshold languages; some programs may have no threshold populations.

Translation: Written conversion of written materials from one language to another.

Video medical interpreting: Interpreting that is carried out remotely using a video camera that enables an interpreter in a remote location to both see and hear the parties for whom he or she is interpreting via a television monitor. The interpretation is relayed to the principal parties by speakerphone or through headsets. Two-way interactive television can also be used so that the other parties can interact with the interpreter as though face-to-face.

Vital documents: Information critical or essential for ensuring a client's well-being or continuity of care. For the purposes of ensuring language access, examples include signage, directions and notices about the availability of interpreter services and legal documents (consent forms, client rights and responsibilities, privacy notices, complaint forms, grievance policies) and client intake forms.

Voluntary Organizations (VOLAGs): Agencies that, through their local affiliates, help resettle newcomer communities.

Portions adapted from: Wilson-Stronks, A. et al. 2008. *One Size Does Not Fit All. Meeting the Health Care Needs of Diverse Populations.* Oakbrook Terrace, IL: The Joint Commission.

Acronyms Used in this Manual

AHEC	Area Health Education Center
AMP	Affirmative Market Program
CPBR	Community-Based Participatory Research
CHC	Caring Health Center
CHNA	Community Health Network Area
DOJ	U.S. Department of Justice
GNBCHC	Greater New Bedford Community Health Center
HIPAA	Health Insurance Portability and Accountability Act of 1996
HHS	U.S. Department of Health and Human Services
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LEP	(Persons with) Limited English Proficiency
LGBT	Lesbian, gay, bisexual and transgender
MassCHIP	Massachusetts Community Health Information Profile
MAA	Mutual Assistance Associations
MCAD	Massachusetts Commission Against Discrimination
MDPH	Massachusetts Department of Public Health
MOD	Massachusetts Office on Disability
MWBE	Minority and Women-owned Business Enterprises
NCQA	National Committee for Quality Assurance
NBWIC	New Bedford Women, Infants and Children
OCR	U.S. Department of Health and Human Services' Office for Civil Rights
ODEO	Massachusetts Office of Disability and Equal Opportunity
OHE	Office of Health Equity (for purposes of this manual, the OHE is the Office of Health Equity at the Massachusetts Department of Public Health)
OSD	Operational Services Division
PHSC	Office of Public Health Strategies and Communications at the Massachusetts Department of Public Health
SOMWBA	State Office of Minority and Women Businesses Assistance
WIC	Women Infants and Children
VOLAG	National Voluntary Agencies

APPENDIX A:

CLAS Self-Assessment Tool





CLAS Self-Assessment Tool

The following questions are designed to help programs identify needs and develop a work plan with concrete tasks to address the basic elements of the 15 National CLAS Standards. DPH considers CLAS work to be an ongoing improvement project. Your contract manager will help support your efforts to implement CLAS as part of your contractual expectations, and will monitor continuous improvement based on your program's self-assessment and proposed work plan.

Organization

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person for CLAS Implementation

First Name: _____ Last Name: _____

Title: _____

Telephone: () _____ E-Mail: _____

Culturally Competent Leadership and Workforce

1. Does your program recruit, retain, and promote staff that reflects the cultural diversity of the community? (CLAS Standard 3) Check one.

- Our staff **fully** reflects the cultural diversity of our community.
- Our staff **partially** reflects the cultural diversity of our community.
- Our program staff **does not** currently reflect the cultural diversity of our community.

2. Does your program have written policies and procedures that support recruitment, retention, training and promotion practices? (CLAS Standard 2) Check one.

- All** our staff are aware of / universally trained on them.
- Not all** our staff are aware of / universally trained on them.
- Our program **does not** currently have written policies and procedures that support these diversity practices.

3. Do program staff members at all levels and disciplines receive training in culturally- and linguistically-appropriate service delivery? (CLAS Standard 4) Check ALL that apply.

- Training is provided to staff as a standard part of orientation **for new hires** at all levels and disciplines.
- Training is provided **at least once a year** to staff at all levels and disciplines.
- Our program staff **does not** currently provide this training.

Language Access / Communication

4. Does your program provide **timely professional interpreter services**, at no cost, to all Limited English Proficiency (LEP) clients, including those clients who use American Sign Language? *(CLAS Standard 5, Federal mandate)* **Check one.**
- Always.
 - Most of the time.
 - Sometimes.
 - Our program **does not** currently provide timely professional interpreter services.
5. Do all LEP or Deaf / Hard of Hearing clients receive **verbal and written notices** about their right to language assistance services *(CLAS Standard 6, Federal mandate)* **Check all that apply.**
- Verbal notices are provided.
 - Written notices are provided.
 - Sometimes.
 - Our program **does not** currently provide either verbal or written notice about this right.
6. Are Deaf / Hard of Hearing clients and clients with disabilities provided a copy of your program's **Disability Access notice**? *(CLAS Standard 6, Federal mandate)* **Check one.**
- Always.
 - Most of the time.
 - Sometimes.
 - Our program **does not** currently provide Disability Access notice to clients.
7. Does your program offer **written materials** in languages that target the diverse cultural groups in your service area/population? *(CLAS Standard 8, Federal mandate)* **Check one.**
- Written materials are offered in the languages of **all** cultural groups in our service area/population.
 - Written materials are offered in the languages of **some** cultural groups in our service area/population.
 - Our program **does not** currently offer written materials in the languages of the cultural groups in our service area/population.
8. Does your program clearly **display images / post signage visibly** that shows inclusivity for the diverse cultural groups including GLBT & people with disabilities in your service area/population? *(CLAS Standard 8, Federal mandate)* **Check one.**
- Images / signage visibly posted in the languages of **all** cultural groups in our service area/population.
 - Images / signage visibly posted in the languages of **some** cultural groups in our service area/population.
 - Our program **does not** currently post images / signage visibly in the languages of the cultural groups in our service area/population.

Organizational Support and Accountability

9. Does your program have a **plan** to identify and address CLAS needs for underserved populations? *(CLAS Standard 9)* **Check one.**
- A plan is fully developed and being implemented.
 - A plan is currently in draft form **or** only partially implemented.
 - Our program does not currently have a written plan.
10. Does your program **review** your written CLAS plan at least once a year to assess CLAS progress and needs? *(CLAS Standard 10)* **Check one.**
- Written CLAS plan is reviewed by program about once a year.
 - Our program does not currently review our written CLAS plan once a year.
 - Not applicable: our program does not currently have a written CLAS plan.

11. Does your program collect **client satisfaction data** to inform culturally and linguistically appropriate service (CLAS) delivery? (*CLAS Standard 14*) **Check one.**
- Always.
 - Sometimes.
 - Our program **does not** currently collect client satisfaction data to inform CLAS delivery.
12. Does your program use Race, Ethnicity Language (REL) **community/service area data** to help design and deliver program services? (*CLAS Standard 14*) **Check one.**
- REL community data used in **all** applicable situations to design/deliver program services.
 - REL community data used **most of the time** to design/deliver program services.
 - REL community data **sometimes** used to design/deliver program services.
 - REL community data **never** used to design/deliver program services.
13. Does your program use REL client data to help design, deliver and evaluate program services? (*CLAS Standard 11*) **Check one.**
- REL client data **always** used to design/deliver program services.
 - REL client data used **most of the time** to design/deliver program services.
 - REL client data **sometimes** used to design/deliver program services.
 - REL client data **never** used to design/deliver program services.
14. Does your program **participate in partnerships** with other agencies that target the diverse cultural groups in your service area/population? (*CLAS Standard 13*) **Check one.**
- Our program participates in partnerships with other agencies that target **all** of the diverse cultural groups in our service area/population.
 - Our program participates in partnerships with other agencies that target **some** of the diverse cultural groups in our service area/population.
 - Our program **does not** currently participate in partnerships with other agencies that target the diverse cultural groups in our service area/population.
15. Have you used the *Making CLAS Happen* manual? (An electronic version of the manual is posted on the DPH Office of Health Equity's website: www.mass.gov/dph/healthequity)
- Yes
 - No, not yet.

Work Plan

Select one or more of the questions above and briefly describe what you will do to improve your CLAS efforts this year. Your DPH contract manager will review, monitor and support your efforts. The DPH CLAS manager is available to provide technical assistance—call 617-994-9806.

Question number(s) (from above): _____

Improvement Plans:

APPENDIX B:

Overview of Laws



Appendix B: Overview of Laws Supporting Culturally and Linguistically Appropriate Services

Title VI and Derived Guidelines:

- U.S. Department of Justice (DOJ) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000 et seq.)
<http://www.justice.gov/crt/about/cor/coord/titlevi.php>
- U.S. Department of Health and Human Services (HHS) Office of Civil Rights Title VI regulations (45 C.F.R. Section 80.3 (b) (2) and Title VI LEP Guidance (68 Fed. Reg. 50121)
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep>
- Presidential Executive Order 13166: Improving access to services for persons with limited English proficiency (65 Fed. Reg. 50121)
<http://www.lep.gov/13166/eo13166.html>

Overview

Title VI and related guidance and guidelines require agencies receiving federal financial assistance to:

- Prohibit discrimination on the basis of race, color, and national origin in programs and activities
- Examine the services they provide, identify any need for services for Limited English Proficiency (LEP) populations, and develop and implement a system to provide identified services
- Offer recommendations on identifying LEP populations, interpreting and translation, training, and elements of effective language plans

To Whom They Apply

- Any organization receiving federal financial assistance, directly or indirectly
- Grantees, subgrantees, contractors
- Almost all health care providers (Medicaid, SCHIP, and block grants to health and welfare agencies all receive federal financial assistance)

Other Federal Laws Governing Culturally and Linguistically Appropriate Services

- Hill-Burton Act “Hospital Survey and Construction Act” (42 U.S.C. 291 et seq.)
- Medicaid, State Children’s Health Insurance Program (SCHIP) and Medicare statutes and regulations

Massachusetts' Commitment to Reducing Disparities

Executive Order no. 478: Order Regarding Non-Discrimination, Diversity, Equal Opportunity and Affirmative Action (2007)

Overview

Issued as a state priority in 2007, this order details measures to ensure non-discrimination and diversity in state agencies, state-funded programs and service providers.

To Whom it Applies

State agencies, grantees, state-licensed programs, state-funded programs, contracted service providers and subcontractors

Requirements

- Adapt programs and services to prevent discrimination and meet needs of diverse groups (section 2)
 - Increase workforce diversity (section 3):
 - Develop affirmative action, diversity plans
 - Recruit and promote employees from under-represented groups
 - Adopt equal opportunity employment policies
 - Contractors must commit to non-discrimination practices (section 5):
 - Comply with fair labor and employment laws
 - Commit to purchasing services from minority, women-owned and small businesses
 - Offer mandatory diversity training (section 10)
 - Establish a complaint resolution process for non-compliance with anti-discrimination laws

Massachusetts' Commitment to Immigrants and Refugees

Executive Order 503: Integrating Immigrants and Refugees into the Commonwealth (2008)

Overview

Issued as a state priority on July 30, 2008, this order introduces the “New Americans Agenda” uniting resources from various state and nonprofit agencies to ease the transition of immigrants and refugees.

To Whom it Applies

State departments, offices, divisions and agencies

Requirements

- Follow recommendations from the Massachusetts Office of Refugees and Immigrants (MORI) to develop New Americans plans that incorporate:
 - Effective training and resources;
 - Culturally and linguistically competent and appropriate services; and
 - Administrative practices that address the needs of immigrants and refugees (Sec. 5).
- Plans must be in accordance with recommendations from MORI.
- Plans must be submitted within a year of receipt of MORI recommendations.

State and Federal Policies that Emphasize the Collection of Race, Ethnicity and Language (REL) Data

- Massachusetts Executive Order No. 478: Order Regarding Non-Discrimination, Diversity, Equal Opportunity and Affirmative Action
- Office of Management and Budget (OMB) revised standards (1997)
http://www.whitehouse.gov/omb/fedreg_1997standards
- Health Insurance Portability and Accountability Act of 1996
- Initiative to Eliminate Racial and Ethnic Disparities in Health (1998)
- Consumer Bill of Rights and Responsibilities (1997)
- Benefits Improvement and Protection Act (2000)
- Report of U.S. Commission on Civil Rights, *The Health Care Challenge: Acknowledging Disparity, Confronting Discrimination, and Ensuring Equity* (1999)
- Executive Order No. 13166 “Improving Access to Services for Persons with Limited English Proficiency” and Executive Order No. 13125 “Improving the Quality of Life of Asian Americans and Pacific Islanders” (2000)
- Minority and Health Disparities Research and Education Act of 2000
- Department of Health and Human Services Title VI Regulations (1964)
- Department of Health and Human Services Inclusion Policy (1997)
- Title VII of the Civil Rights Act of 1964
- Healthy People 2010 (2000)
- Culturally and Linguistically Appropriate Services Standards (2001)
- HHS Data Council Activities (ongoing)
- National Committee on Vital Health Statistics (ongoing)
- The Joint Commission standard to collect client’s primary language information (2006)
- M.G.L.A. 272, Section 98, Public Accommodations Law

Laws Governing Culturally Competent Grievance Processes

Massachusetts Executive Order No. 478, section 11

Section 11 of Executive Order No. 478ⁱ grants power to the Massachusetts Office of Diversity and Equal Opportunity (ODEO) and the Massachusetts Office on Disability (MOD) to develop guidelines establishing a complaint resolution process for individuals who allege discrimination.

In cases where this process does not resolve the complaint, ODEO and MOD can submit complaints to the Massachusetts Commission Against Discrimination (MCAD). The MCAD can initiate investigations and, where necessary, file complaints against agencies or persons in violation of anti-discrimination laws.

According to Massachusetts Health Insurance Consumer Protection Law 105 CMR 128.000, clients must be offered:

- A clear, concise and complete written description of the internal grievance process;
- Toll-free telephone numbers for assistance; and
- Notification regarding availability of these resources.

Laws and Policies Regarding the Provision of Language Access Services for Limited English Proficient (LEP) Populations

Hill-Burton Community Service notice, U.S. Department of Health and Human Services, provisions of 42 C.F.R. 124.604(a), requires that clients be notified of the availability of interpreter services at all points of contact.

U.S. Health and Human Services Office of Civil Rights (OCR) Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Individuals

<http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>

OCR “Safe Harbor Laws”

The “Safe Harbor Laws” establish that organizations can offer sufficient proof that they are making an effort to meet the needs of LEP groups by providing written translations for at least:

- Ten percent of the eligible population or 3,000 clients, whichever is less, for all documents
- Five percent of the eligible population or 1,000 clients for the most vital documentsⁱⁱ

Massachusetts Department of Public Health Best Practice Recommendations for Hospital-Based Interpreter Services

Massachusetts Department of Public Health (MDPH) best practice recommendations for hospital-based interpreter services suggest that written translations should be provided for LEP populations that make up 15% of a program’s clients.ⁱⁱⁱ

ⁱ See Massachusetts Executive Order No. 478, Section 11.

ⁱⁱ U.S. Department of Health and Human Services, Office for Civil Rights. *Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Individuals*. <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>

ⁱⁱⁱ Torres, Brunilda. 2001. *Best Practice Recommendations for Hospital-Based Interpreter Services*. Massachusetts Department of Public Health. Office of Health Equity.

Laws Mandating Equal Access for Persons with Disabilities

Laws mandating equal access for persons with disabilities include:

- Section 504 of the Rehabilitation Act of 1973, which applies to federal health care services and facilities, and recipients of federal financial assistance (including those receiving Medicaid funds or federal research grants) requires all hospital programs and services to provide effective means of communication for patients, family members and hospital visitors who have a disability.
- Title II of the Americans with Disabilities Act, which applies to all public (state and local) health care providers.
- Title III of the Americans with Disabilities Act, which applies to all private health care providers.ⁱ

Laws and Ethical Rules Prohibiting Discrimination of LGBT Persons

Ethical Rules and Regulations

Almost every major American medical association has ethical rules that prohibit discrimination of LGBT people in the practice of medicine, recognizing that such discrimination is harmful to patients' health. In July 2011, the Joint Commission released their *Comprehensive Accreditation Manual for Hospitals*. The Code of Federal Regulations for hospitals includes similar non-discrimination rules.ⁱⁱ

Conditions of Participation from The Centers for Medicare and Medicaid Services

The Centers for Medicare and Medicaid Services updated their Conditions of Participation in January 2011 for hospitals and critical access hospitals to require equal visitation for same-sex partners.ⁱⁱⁱ

U.S. Department of Health and Human Services Guidance to State Medicaid Agencies

The U.S. Department of Health and Human Services has issued guidance to state Medicaid agencies on financial protections for same-sex couples. New rules require hospitals to protect patients' rights to choose their own visitors during a hospital stay, including a visitor who is a same-sex domestic partner.^{iv}

Updated Data Collection Requirements

Data Collection Requirements from the Affordable Care Act of 2010

Section 4302 of the Affordable Care Act of 2010 contains provisions requiring the collection of information on race, ethnicity, sex, primary language and disability status.

In 2011, the Office of Minority Health at the U.S. Department of Health and Human Services added standards for the collection of data on disability status, and recommended integrating questions on sexual orientation and gender identity into national data collection efforts.^{vi}

ⁱNational Association of the Deaf. *ADA Questions and Answers for Health Care Providers: Auxiliary Aids and Services*. Silver Spring, MD: National Association of the Deaf. <http://www.nad.org/issues/health-care/providers/questions-and-answers>

ⁱⁱThe Joint Commission. 2011. *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide*. Oak Brook, IL.

ⁱⁱⁱU.S. Department of Health and Human Services. Medicare steps up enforcement of equal visitation and representation rights in hospitals. September 7, 2011. <http://www.hhs.gov/news/press/2011pres/09/20110907a.html>

^{iv}Institute of Medicine. *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press, 2011.

^vU.S. Department of Health and Human Services. *Final data collection standards for race, ethnicity, primary language, sex, and disability status required by Section 4302 of the Affordable Care Act*. Rockville, MD: U.S. Department of Human Services, 2011.

^{vi}U.S. Department of Health and Human Services. *Improving data for the LGBT community*. Rockville, MD: U.S. Department of Health and Human Services, 2011.

APPENDIX C:

Accessible Print Materials



Accessible Print Materials



Formatting Guidelines to Accommodate All Audiences

Developed by the Massachusetts Department of Public Health,
Office on Health and Disability, 2007



HEALTH MESSAGES should be designed for diverse audiences, including people with disabilities. The Massachusetts Department of Public Health (MDPH) in adherence with the Americans with Disabilities Act (ADA) requires that members of the general public with disabilities have communication access that is equally effective as that provided to people without disabilities.¹

The MDPH Office on Health and Disability has developed guidelines for accessible printed health communications. These guidelines contain MDPH policies, recommended standards, and suggested websites for accessible design and print information. Additional resources for alternative communication services are also included.



¹ Department of Justice Nondiscrimination on the Basis of State and Local Government Services Regulation, 28 C.F.R. Part 35, § 35.160 (2005). Available at www.ada.gov/reg2.html.

Content of Health Promotion Materials



Materials should reflect your target audience. Materials should be culturally and linguistically appropriate.

The target population should be inclusive of individuals with disabilities.

Make sure that:

- Materials identify disability as a risk factor for health conditions where appropriate.
- During all phases of the material development process, including initial discussions, concept testing, and focus groups, the target audience sample should include people with disabilities, unless the target audience is so specific it can be documented that people with disabilities would never be a member of that audience.

Contrast / Paper Finish



Use dark lettering over a light colored background on non-glossy paper.

Make sure that:

- Light yellow or off-white non-glossy/matte paper is used for print. It can be difficult to manipulate and read from glossy paper.
- Dark text is used on a light background and light text is used on a dark background. Print material is most readable in black or see examples of effective print legibility at http://lighthouse.org/print_leg.htm
- Color text is used primarily for headlines and titles where a larger font size can be applied. A high contrast (70 percent) between text and background is best. See examples of effective color contrast at <http://www.lighthouse.org/accessibility/effective-color-contrast/>



Text / Fonts



Use simple fonts without excessive special formatting.

Make sure that:

- Font selection is simple. Do not use compressed (**Print Example**), condensed (**Print Example**), complicated (**Print Example**), decorative (**Print Example**), or cursive (*Print Example*) fonts.
- Materials display standard serif or sans-serif fonts, with familiar, easily recognizable characters. Serif refers to fine lines that project from the letter type. Note that some font styles are naturally smaller than others. The examples below show different font styles in 14-point size.

Serif: Times New Roman, Bookman, Courier New

San-serif: Arial, Century Gothic, Verdana

- Font size is no smaller than 12 point. When possible use 14 point font. Large print materials use between 16 and 18 point. See font size examples below:
12 point, 14 point, 16 point, 18 point
- Formatting codes such as *italics*, **bold**, and *oblique*, are used sparingly. Avoid writing in this format for entire sections and documents.
- Underlining does not connect with the letters being underscored.
- Text is not written completely in all upper case lettering.

Design Layout

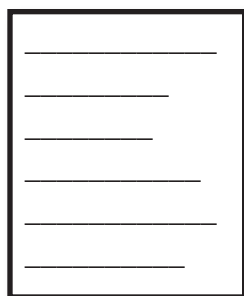


Materials should be designed with clear margins and spacing for ease in finding the beginning of the next line.

Make sure that:

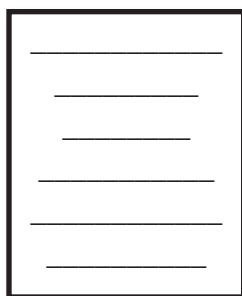
- The gutter margins (the adjoining margins in two facing pages) are a minimum of 7/8 of an inch and the outside margins are at least half an inch. The space between any columns is at least half an inch.
- Spacing between lines of text is at least 25 percent of font size. MS Word documents automatically type in single space (0 percent).
 - ▶ To edit line spacing, select the Format tab in the tool bar and then the Paragraph tab.
 - ▶ In the drop-down box for line spacing you can select options such as 1.5 line spacing (50 percent of font size) or Double-Spacing (100 percent of font size).
- Select "Multiple" in the line-spacing drop down box. In the next box labeled "At", type in 1.25 percent (25 percent) to meet minimum recommended standards.
- The main text is left aligned. Right margins are ragged, not justified, because centered and right aligned text is difficult for some people to track.

✓ Use



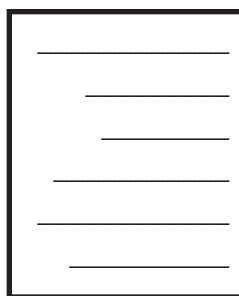
Left aligned

✗ Do not use



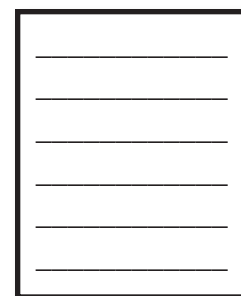
Centered

✗ Do not use



Right aligned

✗ Do not use



Justified

- Each line of text is no longer than six inches (50-60 characters per line). Avoid excessively short text lines and hyphenations at the end of lines.

- Hyphenation can be turned off in MS Word by selecting the Format tab, then under Paragraph, Line and Page Breaks, checking the “Don’t Hyphenate” box.
- Bound documents are flexible, preferably allowing the publication to lie flat. Spiral binding is recommended for lengthy documents.

Use of Images



Health promotion materials should use images representing the target population including people with disabilities. Images should have sufficient resolution and significant color contrast for easy viewing.

Make sure that:

- Images have a wide range of **color contrast** or **gray-scale** variation.
- Labels are used for each image with at least 12 point font.
 - ▶ See examples below from Active Living By Design (1,2) <http://www.activelivingbydesign.org/index.php?id=335> and (3) Northeast Passage <http://www.nepassage.org>



1. Couple Walking



2. Friends relaxing



3. Adaptive Sled Hockey

- Line drawings or floor plans are clear and bold, with limited detail and a minimum 12-point font.
- Graphics such as watermarks are not used over or behind any other images, photographs, graphics, or text.

Policy Statement Regarding Public Announcements and Accommodations



The following statement and symbols are required on all Massachusetts Department of Public Health publicity.

- To address how accommodations for a person with a disability or someone who is deaf or hard of hearing may be arranged, all materials advertising public events sponsored and/or coordinated by the Massachusetts Department of Public Health (MDPH) should include the following statement:

▶ "If you are deaf or hard of hearing, or are a person with a disability who requires accommodation, please contact [Name of organization or individual responsible for making arrangements] at [Telephone Number], [Fax Number], [Email Address] or [TTY Number] by [Date]."

- Along with the accessibility statement, include these five access symbols which may be found at the Graphics Artst Guild website at:

<http://www.gag.org/resources/das/php>



1



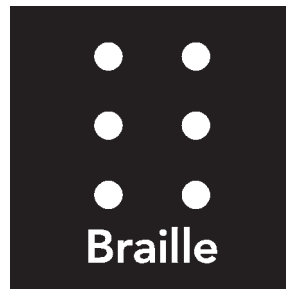
2



3



4



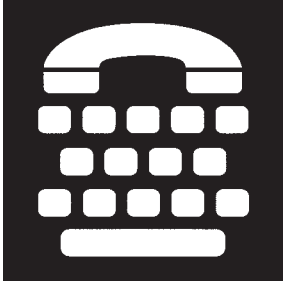
5

- The access symbols are described next according to the Graphics Artist Guild.



1. Symbol for accessibility.

The wheelchair symbol should only be used to indicate access for individuals with limited mobility including wheelchair users. For example, the symbol is used to indicate an accessible entrance or bathroom, or that a phone is lowered for wheelchair users. Remember that a ramped entrance is not completely accessible if there are no curb cuts, and an elevator is not accessible if it can only be reached via steps.



2. Symbol for Telephone Typewriter.

This device is also known as a text telephone (TT), or telecommunications device for the deaf (TDD). A telephone typewriter (TTY) symbol indicates a device used with the telephone for communication with and between deaf, hard of hearing, speech impaired and/or hearing persons.



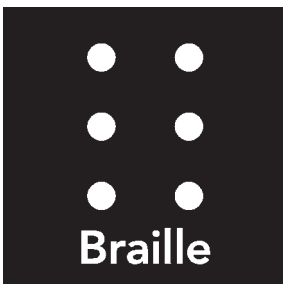
3. Symbol for Sign Language Interpretation.

This symbol indicates that Sign Language Interpretation is provided for a lecture, tour, film, performance, conference or other program.



4. Symbol for Volume Control Telephone.

This symbol indicates the location of telephones that have handsets with amplified sound and/or adjustable volume controls.



5. Symbol for Braille.

This symbol indicates that printed material is available in Braille, including exhibition labeling, publications and signage.

Interpreter and Translation Services



Programs may contact the following offices for assistance with accommodations.

■ **To request interpreter services for individuals who are deaf or hard of hearing contact: MA Commission for the Deaf and Hard of Hearing (MCDHH).**

Interpreter/ CART (Communication Access Real Time Translation) Referral Service.

MCDHH is a state agency under the Executive Office of Health and Human Services.

Address: 150 Mt. Vernon Street, Fifth Floor, Boston, MA 02125

Phone: 617-740-1600 or 800-882-1155

TTY: 617-740-1700 or 800-530-7570

Fax: 617-740-1880

Visit <http://www.mass.gov/mcdhh> for more information on how to request any of the following:

- sign language interpreter;
- an emergency interpreter (TTY/Voice: 800-249-9949);
- information for interpreters; or
- a CART provider.

■ **To request interpretation for spoken language and translation of written material into other languages contact:**

The Office of Multicultural Health (OMH) at MDPH.

Address: 250 Washington Street, Fifth Floor, Boston, MA 02108

Phone: 617-624-6063

TTY: 617-624-5992

OMH must be contacted prior to the final approval of written documents in English that will be translated into other languages. Translation guidelines and related forms may be found at:

<http://www.mass.gov/dph/omh/omh.htm>

Braille Transcription Services



Programs may contact the following offices for assistance with accommodations.

■ **To request transcription of written material into Braille contact:**

Fergusson Industries for the Blind, a division of the MA Commission for the Blind (MCB).

You may contact **Fergusson Industries for the Blind** directly at:

Address: 11 Highland Avenue, Malden, MA 02148

Phone: 781-324-0800

TTY: 781-324-1800

Fax: 781-324-3111

Email: IndustBraille@MassMail.State.Ma.Us

MA Commission for the Blind (MCB) is a state agency under the Executive Office of Health and Human Services. For more information on MCB services or additional inquiries related to Braille transcription services, contact:

The MCB Office of Information Services

Address: 48 Boylston Street, Boston, MA 02116

Phone 617-727-5550

TTY: 800-392-6556

Fax: 617-626-7685

or visit the MCB website at <http://www.mass.gov/mcb>

Example of Braille Transcription Price Guide from Fergusson

Setup Fee (per file)	\$5.00
Small Binding (less than 1" spine).....	\$2.00
Editing (other than minor fix-up)	\$15.00/hr
Double Sided (8 1/2" X 11") Page.....	\$1.00
Large Binding (1" spine or larger)	\$4.00

Material to be transcribed should be submitted in Word, Word Perfect, or ASCII plain text file (.txt).

For more information and other publications, including:

- Planning Accessible Meetings and Events
- Plan for Promoting the Health of People with Disabilities

Please contact:

Massachusetts Department of Public Health

Office on Health and Disability

250 Washington Street, 4th Floor, Boston, MA 02108

Phone: 617-624-5070

TTY: 617-624-5992

To find our website, go to <http://www.mass.gov/>

Type “Health and Disability” into the search box and click on the search button.

On the Results Page, click on: **“Healthy Aging, Health and Disability Activities”**

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Massachusetts Department of Public Health

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Massachusetts Department of Public Health
250 Washington Street
Boston, Massachusetts 02108
(617) 624-6000
www.mass.gov