CHAPTER 1

Foster Cultural Competence

Introduction

Since the Culturally and Linguistically Appropriate Services (CLAS) standards were issued in 2000, the concept of cultural competence has evolved. An early focus on racial, ethnic and linguistic diversity has expanded to include the myriad factors that contribute to a person's culture and experiences with health services.

Enhanced in 2013, the CLAS standards broaden culturally appropriate services to define them as services that are effective, equitable, understandable and respectful, as well as responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

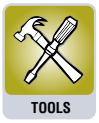
The enhanced CLAS standards underscore cultural identity as a key characteristic that includes but goes beyond race, ethnicity or languages spoken. Offering culturally competent care can mean responding to diversity stemming from education, health literacy, age, gender, income, sexual orientation, religion, disability status, socioeconomic class and access to care, among others.

Though the prospect of meeting such diverse needs may seem daunting, the principle behind cultural competence remains the same: offering client-centered care. As one Massachusetts provider put it, "no one can be an expert in all cultures, but everybody can be responsive to client needs."

The need to provide competent care for racially, ethnically, and linguistically diverse clients is still very much in effect. This manual also offers strategies to meet new requirements in the CLAS guidelines, namely:

- Improving health equity by identifying and reducing health disparities
- Promoting CLAS through leadership and policy
- Becoming responsive to diverse cultures, beliefs and practices
- Creating a welcoming environment for racially and ethnically diverse clients, LGBT persons, persons with disabilities and persons with low health literacy
- Offering understandable, respectful care to persons who are deaf or hard of hearing, who have disabilities, or who have low literacy, as well as clients with limited English proficiency *(See Chapter 6 for further guidance on services for LEP persons)*

Chapter 1 Guide



Tools

CLAS Standards Covered

Standard 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Step 1: Promote Health Equity

Improve Client Outcomes

Years after cultural competence became a national priority, disparities related to race, ethnicity and socioeconomic status still pervade the U.S. health care system, and can be observed in all aspects of health care--from access to quality.[1]

Health disparities result in more than just bad health among minorities. They can affect the standard of living of entire communities, reduce life expectancy, increase premature deaths and affect the understanding and use of services. And health disparities are costly. One study estimated the cost of disparities due to death or inequitable care to be $1.24 trillion.[2]

Health Disparities: Beyond Racial, Ethnic and Linguistic Minorities

In its definition of health disparities, the National Partnership for Action to End Health Disparities noted that health disparities adversely affect groups of people who have experienced greater obstacles to health based not only on their racial or ethnic group, but also based on religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.[3]

Individuals from diverse racial, ethnic and linguistic backgrounds are not the only ones affected by health disparities. Sexual orientation, gender identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health, according to Healthy People 2020.[4]

The following paragraphs detail existing disparities among lesbian, gay, bisexual and transgender (LGBT) persons, persons with disabilities, persons who are deaf or hard of hearing, and persons with low literacy.

Health Disparities Affecting LGBT Persons

LGB adults appear to experience more mood and anxiety disorders, depression, and are at higher risk for suicide than heterosexual adults. Lesbian and bisexual women may use preventive services less frequently than heterosexual women.

LGBT persons of all ages and genders are more frequently the targets of stigma, discrimination and violence.[5]

Health Disparities Affecting Persons with Disabilities

Persons with disabilities tend to be in poorer health and use preventive services at a lower rate than those who do not have disabilities.[6]

Health Disparities Affecting Persons who are Deaf or Hard-of-Hearing

Persons who are deaf or hard-of-hearing tend to visit physicians less frequently [7] and often experience misunderstandings about disease or treatment recommendations.[8]

Health Disparities Affecting Persons with Low Literacy Skills

Persons with low health literacy are at higher risk for hospitalization[9] and may make more medication or treatment errors.[10]

***Health disparity** is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantages.*

– National Partnership for Action to End Health Disparities, 2010

Health Disparities Report Card: How does Massachusetts Measure Up?

In 2010, compared to the U.S., quality of care in MA was:

- Very weak for Hispanics
- Strong for Black persons
- Very strong for Pacific Islanders

The greatest disparities were observed in:

- Asthma admissions (persons 65+)
- Diabetes admissions with long-term complications
- Hypertension admissions (adults 18+)

Source: Agency for Healthcare Research and Quality (2010).

Health Equity: a National Priority

The enhanced (2013) CLAS standards explicitly address health equity as a key component of quality care. The principal standard defines culturally competent health care as: "effective, **equitable**, understandable, and respectful…[and] responsive to diverse health beliefs and practices…"[11]

In so doing, the CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities and the National Stakeholder Strategy for Achieving Health Equity.[12] The Affordable Care Act also establishes a clear commitment to addressing inequities in health for diverse persons.[13]

Many Factors Influence Health Equity

Health equity, according to the National Partnership for Action to End Health Disparities, is influenced by many factors, including race, education, health literacy, age, sexual orientation, ethnicity, religion, physical or mental disability, language, gender, gender expression and identity, income, class and access to care.[14]

Bias and Miscommunication: at the Core of Inequities

Though many factors contribute to health inequity, cultural bias is a preventable factor that is at their core. The Institute of Medicine reports that health providers' bias and stereotyping can reinforce health disparities and limit clients' access to quality medical care.[15]

Not being able to properly communicate with clients can increase diagnostic errors and lead to poorer client adherence to medical advice.

Biases often go unseen. Certain biases and stereotypes "… are essentially invisible to institutions and providers unless they constantly gather and analyze data about treatments and ethnicity of the clients."[16]

Collecting and analyzing health data and conducting cultural competence assessments can help providers identify disparities and address biases.

Promoting Health Equity through Culturally Competent Services

Though health inequities are directly related to discrimination and social injustice, one of the most changeable factors affecting disparities, according to HHS, is the lack of culturally and linguistically appropriate services.[17]

Offering culturally and linguistically appropriate services is an effective way to improve the quality of care and services for diverse clients.[18]

Expanded Concepts of Culture and Health

Recognizing the nation's increasing diversity, HHS broadened its definition of culture beyond race, ethnicity and language to include religious, spiritual, biological, geographical and sociological characteristics.[19]

Health is also more broadly and explicitly defined in the enhanced CLAS standards to encompass physical, mental, social and spiritual well-being.

New definitions of health and culture are more inclusive, and reflect a need to more broadly consider diversity when planning and providing culturally and linguistically appropriate services.

***Health equity** is achieving the greatest level of health for all people and entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially those who have experienced socioeconomic disadvantage or historical injustices.*

– National Partnership for Action to End Health Disparities, 2010

***Culture** is the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics.*

– U.S. Department of Health and Human Services, 2013

Step 2: Lead, Plan and Assess Diversity

Promote Diversity through Leadership and Policy

Diversity in leadership has been found to be the single most significant predictor of adoption and adherence to the National CLAS standards.[20]

While providing culturally and linguistically appropriate services is an organizational effort, leadership support and diversity in both management and boards is essential to its success.

Gain Support from Senior Management

In discussions with early CLAS adopters, the Massachusetts Department of Public Health learned that the success of cultural competence initiatives depends on the commitment of leadership. The following practices have proven helpful in gaining leadership support.

Share Compelling Data and Experiences

One agency shared focus group findings of interpreter experiences with discrimination with the board of directors; this convinced the board to take action to address discrimination in the organization.

Make a Clinical/Business Case

Supporting the clinical, legal and business implications of providing CLAS can help make a strong case.

Require Diversity Training at All Levels

Diversity training is not just relevant for staff with direct interaction with clients. It is important to change the culture throughout your organization.

Diversify Boards

Boards that are representative of populations served are more likely to reflect and address the diverse needs of the community. A diverse board may include representatives from various cultural and linguistic groups, local LGBT advocacy groups or organizations, the adult learner community, organizations for persons with disabilities, the Deaf community, and military veterans organizations.

Adopt Policies that Promote Equity

Leaders can promote a commitment to diversity in organizations through policy-level actions[21], such as:

- Recruitment and hiring policies that promote staff diversity
- Non-discrimination policies that prohibit discrimination based on race, ethnicity, language spoken and personal characteristics
- Equal access to benefits for same sex partners
- Grievance procedures
- Physical accommodations for persons with disabilities
- Clear forms available in diverse languages and literacy levels
- Language and communication assistance to help clients understand policies and rights
- A broad and inclusive definition of family
- Equal visitation rights for LGBT clients and their families

Develop Accountability

Planning and using benchmarks to evaluate progress in cultural competence efforts is essential. Collecting and using data to improve services is particularly important. ***See: Ch. 3: Collect Diversity Data, Ch. 4: Benchmark, Ch. 5: Reflect and Respect Diversity.***

CLAS must permeate every aspect of the organization, from the top down, and from the bottom up.

– U.S. Department of Health and Human Services, 2013

Organizations should "use tools and benchmarks to evaluate outcomes and create a standard of care based on quality indicators and measurable outcomes."

– Betancourt, 2002[22]

Collecting Data Beyond REL

More inclusive CLAS standards and national policies recommend collecting detailed information on patient preferences and needs, including:

- Race & ethnicity
- Preferred language
- Disability status
- Sexual orientation
- Gender identity

Collecting this information will allow agencies to identify emerging health disparities by characteristics beyond race, ethnicity and language.

Step 3: Deliver Culturally Competent Care

An Ongoing Process to Improve Health Equity

While it is clear that many factors contribute to health disparities, one of the most tangible ways to address disparities is by providing services that meet the needs of underserved populations.

Moving toward cultural competence is a process that is never truly finished. Cultural competence is a goal toward which all providers must aspire, but one that may never be completely achieved given the increasing diversity throughout our communities.

What is Cultural Competence?

While many definitions of cultural competence exist, in practical terms, cultural competence can mean:

- Gaining awareness of and addressing negative bias.
- Learning to value diversity.
- Understanding how people of different backgrounds define health.
- Providing services and information to meet special communication needs, in primary languages, and literacy levels.
- Offering accessible services that match real needs.
- Hiring staff who represent the diversity of the community.
- Training staff to develop cultural competence.
- Involving the community in planning, communications and outreach.

The Massachusetts Department of Public Health defines culturally and linguistically appropriate services as services that:

- Respect, relate, and respond to a client's culture, in a non-judgmental, respectful, and supportive manner;
- Are affirming and humane, and rely on staffing patterns that match the needs and reflect the culture and language of the communities being served;
- Recognize the power differential that exists between the provider and the client and seek to create a more equal field of interaction; and
- Consider each client as an individual, and do not make assumptions based on perceived or actual membership in any group or class.

Getting Started with CLAS

1. Implement a diversity plan.
2. Assess cultural competence.
3. Know the populations you serve.
4. Become familiar with their culture.
5. Plan and evaluate.
6. Make services accessible.
7. Match services to needs.
8. Reflect community diversity in your workforce.
9. Offer diversity training.
10. Involve the community.
11. Monitor your progress.
12. Share what you've learned.

"Cultural competence is a set of congruent behaviors, attitudes, and policies that... enable professionals to work effectively in cross-cultural situations."

– Cross et al

Three Critical Steps in Gaining Cultural Competence

1. **Unlearning** identifying and correcting learned biases
2. **Learning** gaining new information, knowledge and wisdom
3. **Diversification** increased collective capacity

Source: "Moving Along the Cultural Competence Continuum," Alvarez-Robinson (2000)

Promote Diversity through Leadership and Policy

All providers should be involved in a continual process of learning, personal growth, experience, education and training that increases cultural and linguistic competence and enhances their ability to serve individuals with diverse backgrounds.

To meet changing needs and ensure compliance, agencies must offer ongoing training at all levels.

Avoid assumptions. Individuals can rarely speak for their entire ethnic group. A diverse staff is not necessarily a culturally competent staff. Training can help everyone learn, increase awareness and gain new skills.

Cultural Competence Training Topics

Sample training topics include:

- Health disparities, cultural and health concerns for REL diverse persons, LGBT persons, persons with disabilities, the Deaf community, and military veterans
- Awareness of diverse health beliefs and behaviors
- Resolving conflicts and respecting differences
- Empowering clients to be active partners in the medical encounter
- Cross-cultural communication
- Recognizing and responding to literacy needs
- Working effectively with deaf persons and persons with disabilities
- Collecting race, ethnicity and language data
- Diversity policies and hiring standards
- Overview of the grievance process
- Interpretation and translation guidelines

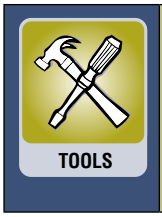
Use Formal and Informal Opportunities for Training

Cultural competence can become a natural part of structured training events, such as new employee orientation, mandatory training meetings, continuing education courses and annual reports. Training can also be offered in less formal settings. For example: discussing cultural topics or concerns in staff meetings, encouraging staff to participate in community activities and sharing culture in social events and meals.

The following model, used by Massachusetts' health providers, offers one approach to cultural competence training.

A Training Model

- Continuing education and language training for staff
- Diversity training as part of new employee orientation
- Mandatory cultural competence trainings (annual)
- Continuing education credits for cultural competency training
- Staff meetings that include case studies, cultural knowledge
- Culture-specific training and updates, as needed
- Informal cultural exchanges: daily exchanges, potlucks, and diversity discussions
- Formal videos and readings
- Speakers from civic & cultural groups



See:
Tool 1.7: Training Resources

Step 4: Create a Welcoming Environment

Creating a welcoming environment can improve access to care for communities in the service area.

Promote Positive Experiences

Experiences with health providers can impact future health behaviors. Many clients avoid environments that do not represent them or in which they feel unwelcome.

For example, one study found that LGBT patients and their families survey their surroundings to determine if the environment is one where they will feel welcome and accepted.[23]

Another study found that patients with limited health literacy may avoid health care settings for fear of being embarrassed. Working with trusted community health workers who are familiar to them has been shown to help them overcome those fears.[24]

Strategies to create a welcoming environment can include: improving access, offering navigation assistance, developing an inclusive intake procedure, increasing staff diversity and cultural sensitivity, adopting equitable policies, displaying inclusive images and resources, improving communication and language access, and offering adequate resources.

Improve Access

For clients with disabilities, a welcoming environment is one they can easily access.

While accommodations to physical spaces can be costly, some involve simply watching for and removing items blocking access. For example: removing vehicles or objects blocking access to ramps, railings and elevator call buttons; and watching for snow and ice on walkways, ramps and parking areas.[25]

Develop a Sensitive and Inclusive Intake Procedure

A sensitive and inclusive intake procedure can involve:

- Avoiding assumptions
- Using inclusive, gender-neutral language. ("How would you like to be addressed?" "Who are the important people in your life?")
- Choosing respectful, sensitive language when addressing individuals with disabilities and their families (e.g. "wheelchair user" vs. "wheelchair bound")
- Offering assistance in reading or filling out forms
- Offering navigation assistance
- Showing sensitivity when collecting personal information

Increase Staff Diversity

Simply seeing staff reflective of community diversity can help clients feel welcome. In turn, when providers and staff are trained to understand the diverse backgrounds and health beliefs of the community, they are better able to address clients in a sensitive and respectful manner.

Display Inclusive Images, Use Symbols and Pictograms

Clearly displaying non-discrimination notices or welcoming symbols, such as the rainbow flag or Safe Zone sign, can communicate openness.

Reflecting diversity in brochures, magazines, resources and artwork in waiting areas is also welcoming.

Using universal signage, symbols and pictograms is essential for clients with low literacy levels.

The degree of safety, comfort, openness and respect that LGBTQ youth patients feel often has an impact on their future access to health care, risk reduction, and help-seeking behaviors.[26]

– American College of Physicians, 2008

Principles of Cultural Sensitivity[27]

1. Ask open-ended questions, create a respectful partnership.
2. Use inclusive language to collect client information.
3. Develop cultural humility, self-awareness and a respectful attitude.
4. Use resources and tools to meet cultural and religious needs of individuals.
5. Offer materials in other languages; meet diverse literacy needs.
6. Offer mobility assistance and specialized equipment.
7. Enlist chaplains in care.

– The Joint Commission, 2010

Step 5: Offer Understandable, Respectful Care

Meeting Diverse Communication Needs

Health care, according to the enhanced (2013) CLAS standards, should be "effective, culturally appropriate *and understandable*."

While the 2000 CLAS standards focused almost exclusively on providing interpretation and translated materials for clients with limited English proficiency (LEP), the 2013 guidelines expand language access services for persons with disabilities, those who are deaf or hard-of-hearing, persons with low literacy and other communication needs.[28]

Chapter 6 of this manual offers a comprehensive approach to meeting the language needs of persons with LEP. Following are strategies to address the needs of persons with disabilities and low health literacy.

Improving Communication with Persons with Disabilities

All hospital programs are required by the Americans with Disabilities Act (ADA) to provide effective means of communication and posting notices of available services for patients, family members and hospital visitors who have a disability.[29]

Communication aids may include auxiliary aids and services, such as: interpreters, computer-assisted transcription, and closed captioning services. Augmentative and alternative communication (AAC) resources, including communication boards, visual pain scales or adaptive call systems can also prove helpful.[30]

Addressing Health Literacy Needs

Low literacy is widespread in the United States, affecting more than 90 million adults from all backgrounds and income levels, though disproportionately high among racial and ethnic minorities.[31]

Literacy strongly impacts quality of care and health levels, and can affect individuals' ability to become active drivers of their own health. Literacy skills are a stronger predictor of an individual's health status than age, income, employment status, education level, racial or ethnic group.[32]

Recommended strategies to address health literacy needs include using plain language and avoiding jargon, assessing understanding by asking persons to "teach back" information, and ensuring written materials are accessible (6th grade reading level or lower).[33, 34]

A Plan to Meet Diverse Needs

The following strategies can address diverse communication needs:[35]

- Ask staff and clients: "What is the best way to communicate?"
- Assess environmental and lifestyle factors, values, cultural health beliefs and practices that may affect health choices.
- Use inclusive, jargon-free, gender-neutral language.
- Offer interpreting services or auxiliary aids for LEP clients and those with sensory impairments.
- Confirm understanding and probe to avoid miscommunication.
- Ensure written materials (forms, labels, signs, brochures) are in preferred languages, and appropriate literacy levels.
- Tailor health education and the informed consent process to ensure clients understand.

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

– U.S. Department of Health and Human Services[36]

Goals of the National Plan to Improve Health Literacy[37]

1. All persons have the right to health information that allows them to make informed decisions.
2. Health services should be delivered in ways that are understandable to promote health, longevity and quality of life.

See:
Tool 1.2
Tool 6.1

Promising Practices from Massachusetts Providers

Each day, Massachusetts' health providers use creativity and resourcefulness to provide competent care for diverse communities. Promising practices and lessons learned from a number of these providers are summarized below.

Make CLAS an organization-wide, ongoing process. Early CLAS adopters describe cultural competence as an ongoing effort involving a variety of departments and persons. Successful cultural competence committees include members of diverse departments and are heavy on senior staff. These committees develop work plans, assess progress against CLAS standards, regularly update policies, and publish updates in staff newsletters and resources. Assessing progress each year "makes things easier."

Collect client data and feedback. Collecting data on race, ethnicity, language, disability status and sexual orientation has helped providers identify disparities and allocate resources. A western Massachusetts provider successfully uses a standard data collection process that allows persons to self-report. Client information is collected during registration with a form that uses gender-neutral language and offers broad choices in categories like gender and sexual partners. "There's an acceptance to the process because patients self report. We ask everyone the same questions, so no one feels singled out," a provider said. Involve clients and stakeholders by soliciting their input to inform your program's quality improvement efforts, through surveys or by asking them to participate on boards and committees.

Offer a broad range of training opportunities. Promising practices in training include: in-house training during new employee orientation, online training and webinars, videos or surveys presented in staff meetings, articles on relevant topics in staff newsletters (e.g. Ramadan, Deaf culture), in-house trainings offered by qualified staff or colleagues, and training by cultural competency specialists. Resources preferred by providers include:

- The National LGBT Health Education Center **(http://www.lgbthealtheducation.org)**
- Unnatural Causes **(www.unnaturalcauses.org)**
- OUCH! That Stereotype Hurts **(www.ouchthatstereotypehurts.com)**

Create a welcoming environment. To make people feel at home as they enter the building, one health center features a wall with the word "Welcome" in many languages. Others display the rainbow flag on the door, and have large banners and printed materials featuring photos of diverse clients. Hiring staff that represent the persons in the community served has helped clients feel comfortable. Developing forms that use inclusive language, providing materials in languages spoken in the community, and using universal symbols to make navigation easier are other ways local providers welcome diverse clients.

Improve services for clients with low literacy. One Worcester provider successfully implemented "teach-back," a strategy to assess and improve client understanding, by training clinicians and staff to ask that clients explain to the clinician what their treatment or diagnosis is, and adapt the way clinicians ask questions. For example, teach-back advocates asking: *What questions do you have?* instead of: *Do you have any questions?* When progress was assessed, 88 percent of staff reported they felt teach-back improved patient participation in care. Other helpful practices to address literacy needs include using universal symbols, adapting written materials to 6th grade reading levels, and helping clients fill out forms and understand materials.

Case Study 1: Creating a Welcoming Environment on a Budget

The Program: Womansplace Crisis Center
A program of Health Care of Southeastern Massachusetts

Services: Advocacy, counseling, crisis intervention, 24-hour crisis hotline, community education, support groups, and an emergency shelter for victims of domestic violence and sexual assault and their families

Client Population: White (57%), Hispanic (15%), Brazilian, Cape Verdean and Azorean (15%), Haitian Creole (6%), Other (5%)

"We see many trauma-filled people. We have to make sure that they feel welcome when they walk in the door. To offer a small gesture that helps them feel accepted demonstrates that Womansplace is welcoming to all."

– Wendy Garf-Lipp, Director, Womansplace

Background

Womansplace Crisis Center is committed to working toward the elimination of violence against women, children and men through direct services, education and social activism. The center provides services to survivors of domestic violence and sexual assault in English, Spanish, Cape Verdean Creole, Haitian Creole and Portuguese.

Challenge

When Wendy Garf-Lipp joined Womansplace as Program Director, she became part of a multicultural, multilingual staff serving diverse clients. While the center served many clients in their own languages, Garf-Lipp felt there was more the center could do to truly help clients feel welcome.

"When a client who didn't speak English walked in, the person at the desk would often go running to find a bilingual counselor." Garf-Lipp said. "This did not help our clients, who are often in distress, feel at ease."

Tensions among coworkers also existed. While Caucasian and multicultural staff were civil with each other, they were apprehensive about certain issues and sat on opposite ends of the table during staff meetings.

In the spring of 2009, Womansplace volunteered to become a pilot site for "Making CLAS Happen: Six Areas for Action" a manual developed by the Massachusetts Department of Public Health. Garf-Lipp saw this as an opportunity to better serve clients, and also to address internal tensions and improve staff relations.

Approach

Understand cultural competence

To explore challenges and develop strategies to increase cultural competence, Garf-Lipp began by forming a CLAS Committee. What began as a small group, made up mostly of multilingual counselors, has expanded to include staff members of all backgrounds. The CLAS Committee meets regularly to assess progress and make adjustments. Staff members also regularly discuss cultural competence topics at staff meetings.

Develop cultural competence

Womansplace staff found it takes constant adapting to serve the changing needs of clients. Even things that are taken for granted, like a name, can have an impact. "When we began to see an influx of male clients, we realized calling ourselves *Womansplace* was not welcoming to all," Garf-Lipp says.

Case Study 1: Creating a Welcoming Environment on a Budget *(cont.)*

To create a welcoming environment for clients of all genders, cultures and backgrounds, Womansplace has employed various strategies, including:

- Scripted phone messages and welcome letters in the four main languages of threshold populations
- Client forms color-coded according to language
- A variety of magazines in key languages and for diverse genders available in waiting areas
- Use of pictographs and symbols in major signs to address needs of lower literacy clients
- Major signs (exits, restrooms) translated into four languages
- Welcome presentation in waiting area televisions featuring counselors introducing themselves and services in different languages
- Exploring partnerships with local universities to translate and address the literacy level of client brochures

Deliver culturally competent care

For years, Womansplace has offered counseling and services in the four main languages of their threshold populations. But culturally competent care goes beyond speaking a client's language. Since forming the CLAS Committee, Garf-Lipp feels Womansplace has been better able to meet clients where they are.

Thanks to creative, simple strategies, all staff—even those who do not speak a particular language—can welcome clients into the center. Furthermore, counselors have a renewed understanding of the issues facing their coworkers and other clients. These strategies have helped staff offer empathy and support to clients facing traumatic situations.

Train staff to become culturally competent

Membership in the Domestic Violence and Sexual Assault (DVSA) network allows Womansplace staff members to participate in a variety of cultural competence training programs. While it has helped, cultural competence training alone has not bridged cultural gaps, Garf-Lipp says.

The key, she believes, is to approach training strategically. For example, she noticed that when cultural competence training about Latino clients was offered, her Spanish-speaking counselors were the ones to attend. "While I want them to be there," Garf-Lipp said, "I also think it is helpful for others to participate in these trainings so we can bridge gaps."

Results

After only a few months of forming their CLAS Committee, the Womansplace staff has seen positive results. All staff seem more comfortable with clients who don't speak English. In turn, clients feel welcome and appreciate the efforts of all to communicate with them.

The initiative has positively impacted the multicultural staff by creating an environment where all feel empowered to bring issues to the table and discuss concerns.

While they know this is only the beginning, the group is optimistic. "This is a long road we're on. We need to celebrate our progress," Garf-Lipp says. Fittingly, they celebrated with a diversity party, a time for staff to share food, culture, and traditions.

"Being a pilot site has really pushed us to look internally and face some truths that we would not have otherwise faced. We've seen progress. But this is a long road we are taking."

– Wendy Garf-Lipp, Director, Womansplace

Chapter 1 Checklist: Cultural Competence and Training

This checklist includes suggested ways for programs to improve cultural competence. See *Appendix A: CLAS Self-Assessment Tool* for measures used by the Massachusetts Department of Public Health in contract monitoring and Requests for Responses (RFRs).

1. Promote health equity

- ❍ Data on race, ethnicity, language, disability status, sexual orientation, gender identity and socioeconomic status are collected according to state and federal guidelines.
- ❍ Data is analyzed to identify disparities.
- ❍ Agency collaborates with community partners to identify needs and develop services accordingly.

2. Lead, plan and assess for diversity

- ❍ A diverse board includes key community representatives.
- ❍ Leadership, boards, staff, and community partners are involved in CLAS planning.
- ❍ A written cultural competence plan exists and is assessed annually.
- ❍ Written policies exist to promote equity (non-discrimination; grievance procedures; equal visitation rights; equitable hiring, recruitment and promotion strategies; and equal benefits).

3. Develop cultural competence

- ❍ Training in CLAS is offered to staff at all levels and disciplines--and systems are in place to ensure that all staff receive training periodically.

4. Create a welcoming environment

- ❍ The Disability Access notice is made available to deaf/hard-of-hearing clients and clients with disabilities.
- ❍ Navigation is facilitated through the use of pictograms and universal symbols; signs are in threshold languages.
- ❍ Images and signs are visibly posted showing inclusivity for diverse cultural groups including LGBT persons, veterans, and persons with disabilities.

5. Offer understandable, culturally appropriate care

- ❍ Timely interpreter services are offered for limited English proficient (LEP) clients, including clients who use American Sign Language (ASL).
- ❍ A process exists to asess and address health literacy (e.g. teach-back).
- ❍ Written materials are offered in primary languages, at appropriate literacy levels.

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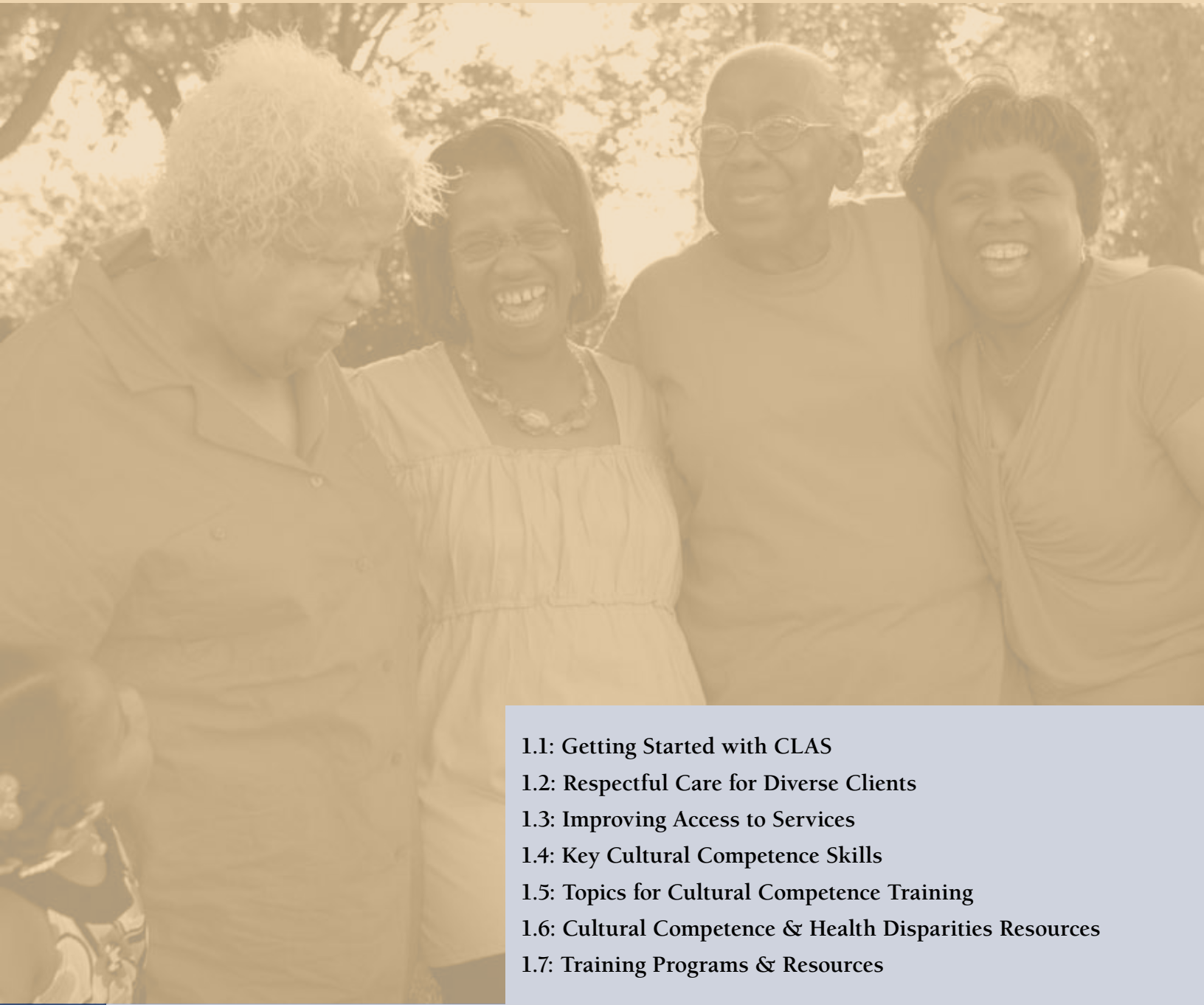
CHAPTER 1: Foster Cultural Competence

Tools



1.1: Getting Started with CLAS
1.2: Respectful Care for Diverse Clients
1.3: Improving Access to Services
1.4: Key Cultural Competence Skills
1.5: Topics for Cultural Competence Training
1.6: Cultural Competence & Health Disparities Resources
1.7: Training Programs & Resources

Tool 1.1: Getting Started with CLAS

A step-by-step guide to implementing Culturally and Linguistically Appropriate Services (CLAS) standards.

1. **Involve the entire organization, including clients, in your planning.** Ensure the participation of leadership, governance, different departments and staff at all levels; each one brings a valuable perspective.
2. **Assess your ability to offer culturally competent services** by taking a self-assessment. *See Appendix A: CLAS Self-Assessment Tool.*
3. **Know the populations you serve.** Collect appropriate data on race, ethnicity, language, disability status, socioeconomic status, gender and sexual orientation. *See Chapter 3.*
4. **Become familiar with your clients' cultures.** Seek to understand the needs, cultural beliefs, values, practices, and attitudes about health and treatment options that exist among key populations in your service area. Incorporate data on race, ethnicity, language, disability status, income and sexual orientation into your records. Observe patterns. Make improvements based on these patterns.
5. **Plan and evaluate.** Incorporate cultural competence into your organization's goals and operations. Use ongoing cultural competence assessments and use data to benchmark. *See Chapter 4.*
6. **Adopt policies that promote equity** in hiring, retention, and promotion practices, benefits offered, non-discrimination policies, and grievance procedures.
7. **Make services accessible to diverse populations.** Offer adaptive services and interpretation. Ensure access for clients with disabilities. Address literacy needs. Simplify written materials and translate them into key languages. Create a welcoming environment by posting non-discrimination notices, universal signs and inclusive symbols. Use sensitive, gender-neutral language.
8. **Match services to needs.** Use data and client knowledge to offer services that meet real cultural, health, literacy, acess and communication needs of clients.
9. **Reflect community diversity in your workforce.** Adopt policies to hire, promote and retain staff who reflect the cultural, racial and linguistic backgrounds of existing and potential clients. *See Chapter 5.*
10. **Offer diversity training.** Make cultural competence training part of staff meetings, employee orientation and ongoing evaluations.
11. **Involve the community.** Use community members and partner organizations as cultural brokers (see Glossary). Seek joint funding. Involve the community in your board.
12. **Monitor your progress.** Use data gathered in the assessment process to guide changes in policy and practices; review and document changes on an annual basis; establish a monitoring system. *See Chapter 3 and Chapter 4.*
13. **Share what you've learned** about cultural competence, like data, best practices, and successes with staff, colleagues and the community. *See Chapters 2 and 3.*

Tool 1.2: Respectful Care for Diverse Clients

The following are general ideas for approaching clients of different cultures.

1. **Learn how the client wishes to be treated.** Don't follow "the Golden Rule" (*Do unto others as you would have them do to you.*) when interacting with clients from another culture. The way one indicates respect for another person is determined by culture. Ways of showing respect in one culture may be interpreted as disrespectful by a member of another culture. Try to learn how the client wishes to be treated and treat him/her in that way.

2. **Learn the basic etiquette** of each of the cultural groups you are likely to meet.

3. **Learn the customary form of greeting.** In many cultures, this will vary according to the age, gender, and social position of the person.

4. **Learn the "polite" forms of address.** Determine proper use of familiar vs. more formal address (e.g., "tú" and "usted" in Spanish).

5. **Learn the rules for touching.** For example, is a handshake expected, or would it be considered inappropriate?

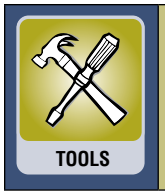
6. **Learn the customary distance between individuals** when they are talking.

7. **Learn one or two words or phrases in the most common languages.** Words such as "hello," "good-bye," "please," and "thank you," said in the person's language, go a long way in establishing rapport and showing respect.

8. **Watch for non-verbal cues.** Remember that there is tremendous diversity even between members of the same culture. Observe carefully. Try to determine what the client's needs and preferences are and act accordingly.

9. **Ask, don't assume.** Many seemingly culturally diverse persons (especially those of 2nd or 3rd generations) are more comfortable with U.S. culture than they are with the culture of their ancestors. Observe each person's behavior and communication style. Avoid making assumptions based on appearances.

From: *Salimbene, Susan. 2001. CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. U.S. Department of Health & Human Services. Office of Minority Health.*



Tool 1.3: Improving Access to Services

Improving access is an important step to ensuring clients in your area can use your services. Strategies to improve access include the following.

- **Offer transportation assistance.** Many clients may not be able to travel to your location. Offer transportation vouchers or, if possible, in-home services.
- **Address insurance and documentation barriers.** Is insurance a barrier to care for lower income and diverse clients? Are immigrant workers afraid to use your services because of possible legal repercussions? Seek ways to address these potential barriers.
- **Provide language services.** Offer translation and interpretation for clients who have limited English proficiency, including clients who use American Sign Language.
- **Accommodate lower-literacy clients**. Use visual communication and demonstrations. Watch for non-verbal cues. Never assume literacy.
- **Choose accessible locations.** If you have a choice, place your service site in areas where clients live and gather naturally.
- **Schedule office hours that meet clients' needs**. Add extended hours one day a week, for example.
- **Partner with existing community health providers** to offer services in locations where health services are already being provided to the community.
- **Spread the word in visible places**. Advertise your services in ways and places that your clients are likely to see. Some examples include local cable stations and ethnic newspapers, bulletin boards and radio programs.
- **Offer alternative healing methods.** For example, use traditional healers, herbal medicine and pastoral counseling.
- **Ensure confidentiality of treatment**. Many clients are concerned with privacy and confidentiality. Develop strong policies to protect confidential client information. Address privacy concerns upfront by communicating your confidentiality policies to clients early on.

Tool 1.4: Key Cultural Competence Skills

Knowledge

Understanding the following can help increase cultural competence among staff:

- Demographics of the community served
- Disease patterns and health needs of the cultural groups served
- General understanding of health disparities in your client populations
- Key health beliefs, behaviors, communication preferences and traditions of clients
- The differences that occur within cultural groups
- The impact of one's own values, attitudes, beliefs and biases on service delivery
- How to access available agency and community tools and resources to assist in providing culturally competent and linguistically accessible services to patients and families
- Federal, state and county laws, regulations and accreditation requirements related to cultural and linguistic services

Skills

Staff, particularly those with client contact, should seek to develop interpersonal skills, clinical skills, advocacy skills, resource utilization skills, and management skills.

Interpersonal Skills

- Create a welcoming environment (décor and ambiance) for all clients.
- Go beyond prejudices. Avoid judgment and seek to understand your clients' perspectives.
- Identify, negotiate and manage cultural differences and diversity-related conflicts with other staff and with clients.

Clinical Skills

- Respectfully obtain cultural information from clients. (For example, "What do these symptoms mean to you?" "Is there something that you would traditionally do when you get these symptoms?")
- Understand there may be cultural beliefs about any particular illness that limit the ability or the willingness of the client to describe symptoms, understand explanations, and stick to any treatment plan that does not take their cultural health beliefs and practices into account. Learning about the client's cultural health practices by asking respectful questions may help clinicians uncover and perhaps better understand culturally-based resistance and obstacles to health education and treatment.

Advocacy Skills

- Effectively intervene with staff and/or clients who show inappropriate or culturally insensitive behavior.
- Identify, negotiate and manage cultural differences and diversity-related conflicts with other staff and with clients.

Resource Utilization Skills

Appropriately use interpreter services, resource information, policies and procedures and other available tools and resources.

Management and Leadership Skills

- For managers and supervisors, make the best use of cultural resources in your facility (e.g., bicultural teams and work assignments, allocation of staff resources).
- For all staff, seek opportunities to improve the relationships with diverse community and staff.

From: *Los Angeles County Department of Health Services. Office of Diversity & Cultural Competency. 2003. Cultural and Linguistic Competency Standards.*

Available from: http://www.ladhs.org/wps/portal. Search for "Cultural and Linguistic Competency Standards."

Tool 1.5: Topics for Cultural Competence Training

The following list offers ideas of cultural competence training topics, including topics recommended by the Gay and Lesbian Medical Association, and the National Council on Disability.

- History, terminology and demographics of diverse populations, including:
  - Racially, ethnically and linguistically diverse persons
  - LGBT persons
  - Persons with disabilities
  - Deaf and hard-of-hearing persons
  - Clients with limited health literacy
  - Military veterans
- Health disparities and particular health concerns facing diverse populations
- Sensitive, appropriate language and terminology in communication and other interactions with clients of diverse racial, cultural and religious backgrounds, ability status and sexual orientation
- Cultural and linguistic issues related to the Deaf community
- Training for LGBT patient care
- Basic capacity to work effectively with persons with disabilities
- Overview of laws affecting health services for REL clients, LGBT persons, persons with disabilites (See Appendix B)
- Ways to gain cultural awareness
- Understanding cultural biases
- Review of the organization's cultural and linguistic standards, ethical code, policies and procedures
- Review of community resources and partners. *See Tools in Chapter 2.*
- Data collection procedures:
  - Asking for data on REL, disability status, income, and sexual orientation
  - Ensuring confidentiality (HIPPA), addressing concerns
  - Entering data into electronic systems
- Review of grievance policy and conflict-resolution processes
- Effective communication for diverse needs:
  - Assessing a client's need for communication assistance
  - Procedure for properly working with interpreters (ASL and LEP)
  - Services for clients with sensory impairments
  - Assessing literacy levels and using strategies to ensure understanding (e.g. teach-back)

Sources consulted: *Gay and Lesbian Medical Association: Guidelines for the Care of Lesbian, Gay, Bisexual and Transgender Patients (2006); National Council on Disability: The Current State of Health Care for People with Disabilities (2009).*

Tool 1.6: Cultural Competence and Health Disparities Resources

Cultural Competence Resources

Culturally and Linguistically Appropriate Services (CLAS) Initiative
Massachusetts Department of Public Health (MDPH)
http://www.mass.gov/dph/healthequity
Search for CLAS for an overview of initiatives and resources.

Department of Health and Human Services CLAS Clearinghouse
http://www.thinkculturalhealth.hhs.gov/Content/clas.asp
Click on "CLAS Clearinghouse" for links to resources, articles and guides on health disparities, health equity, cultural competence, and population-specific information.

The Commonwealth Fund
http://www.commonwealthfund.org/publications/
The Commonwealth Fund Web site offers a wealth of cultural competence and health disparities information.

Cultural Competence Resources for Health Providers
U.S. Department of Health and Human Services
Health Resources and Services Administration
http://www.hrsa.gov/culturalcompetence/
Culture and language-specific and disease/condition-specific cultural competence workbooks, guides, training resources, assessments and guides.

Diversity RX
http://www.diversityrx.org/resources
Link to a database of hundreds of resources on cross-cultural health care, and a directory of organizations that work in this field.

The Joint Commission
http://www.jointcommission.org/topics/patient_safety.aspx
Research studies and guidance on cultural competence and language access, including:
- *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide*
- *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*

National Center for Cultural Competence
Georgetown University Center for Child and Human Development
http://nccc.georgetown.edu
Resources and tools including self-assessments, a consultant pool, materials in Spanish, a list of promising practices, publications and a searchable database of cultural and linguistic competence resources.

Tool 1.6: Cultural Competence and Health Disparities Resources (cont.)

Office of Minority Health Resource Center
U.S. Department of Health and Human Services
http://www.innovations.ahrq.gov
Cultural competence guides and resources, data and statistics, and an overview of national standards and training tools.

Health Disparities Resources

The Disparities Solutions Center
Massachusetts General Hospital
http://www.massgeneral.org/disparitiessolutions
Develops and implements strategies that advance policy and practice to eliminate disparities in health care. Links to: a calendar of events, health disparities and data collection reports, "A Plan for Action" and helpful links.

Health Disparities Calculator
Surveillance Epidemiology and End Results (SEER), National Cancer Institute
http://www.seer.cancer.gov/hdcalc
Statistical software designed to generate multiple summary measures to evaluate and monitor health disparities.

National Healthcare Disparities Report
Agency for Healthcare Research and Quality
http://www.ahrq.gov/research/findings/nhqrdr
Highlights, key statistics and themes from the National Healthcare Disparities Report, collected annually. Data available by state.

Racial and Ethnic Health Disparities by EOHHS Regions in Massachusetts
Massachusetts Department of Public Health
http://www.mass.gov/eohhs/docs/dph/research-epi/disparity-report.pdf
A 2007 report offering a comprehensive review of data showing differences in health status among racial and ethnic groups across Massachusetts.

Unnatural Causes
http://www.unnaturalcauses.org
Documentary series exploring racial and socioeconomic inequalities in health. Links to helpful resources, case studies, information on health equity, an Action Toolkit with a discussion guide, policy guide and media advocacy links.

Population-Specific Resources

Deaf Persons and Persons with Disabilties

Americans with Disabilities Act
Department of Justice, Civil Rights Division
http://www.ada.gov
Laws, regulations, standards, information and technical assistance on the Americans with Disabilities Act.

Harris Family Center for Disability and Health Policy (HFCDHP)
http://www.hfcdhp.org/links.html
A wealth of links and resources on topics including physical access and communication, policies and procedures for the health care of persons with disabilities.

National Association of the Deaf
http://www.nad.org
Information, issues and resources for deaf and hard-of-hearing individuals, families and health providers.

National Council on Disability
http://www.ncd.gov/policy/health_care
Publications, reports, policy, health information and promising practices for improving the health of persons with disabilities. See: *The Current State of Health Care for People with Disabilities* (**http://www.ncd.gov/publications/2009/Sept302009**)

LGBT

Gay and Lesbian Medical Association
http://www.glma.org
Provider directory, guidelines for care of LGBT clients, information by health topics, links.

Lesbian, Gay, Bisexual and Transgender Health
Centers for Disease Control and Prevention
http://www.cdc.gov/lgbthealth

The National LGBT Health Education Center (The Fenway Institute)
http://www.lgbthealtheducation.org
Training courses, webinars, health information, publications and resources around LGBT health.

Military Veterans

Defense Centers of Excellence
http://www.dcoe.health.mil/PsychologicalHealth/Provider_Resources.aspx
Information and resources for health providers on traumatic brain injury, psychological health issues, combat stress and other conditions affecting veterans.

Department of Veterans Affairs, Veterans Health Administration
http://www.va.gov/health
Information on health conditions, insurance and treatment of military veterans.

Refugees

Refugee Health and Information Network
http://www.rhin.org
A database of multilingual public health resources for those providing care to resettled refugees. Includes translated health education materials, provider tools and links.

Refugee Health (Charles Kemp)
https://bearspace.baylor.edu/Charles_Kemp/www/refugees.htm
Information on refugee health issues by population and health topic.

Refugee Council USA
http://www.rcusa.org
Coalition of US non-government organizations (NGOs); information on refugees includes resources, documents.

Language Access and Communication Resources

AHRQ Health Literacy Universal Precautions Toolkit
http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf
Offers primary care practices a way to assess their services for health literacy considerations, raise awareness of the entire staff, and work on specific areas.

"Signs that Work"
Hablamos Juntos
http://www.hablamosjuntos.org/signage/default.index.asp
A list of universal symbols tested by the Robert Wood Johnson Foundation.

Disability Access Symbols
Massachusetts Department of Public Health
http://www.mass.gov/eohhs/consumer/disability-services/disability-access-symbols.html

Harris Family Center for Disability and Health Policy (HFCDHP)
http://www.hfcdhp.org/links.html
MDPH recommends the following helpful articles and resources:

- ADA Questions and Answers for Health Care Providers
- ADA Checklist: Health Care Facilities and Service Providers - Ensuring Access to Services and Facilities by Patients who are Blind, Deaf-Blind, or Visually Impaired
- Defining Programmatic Access to Healthcare for People with Disabilities
- Improving Accessibility with Limited Resources (2008)
- Tips for Interacting with People with Disabilities
- Questions to Ask for Identifying Communication and Accommodation Needs

For more language assistance and literacy resources, see Chapter 6 Tools.

Tool 1.7: Training Programs and Resources

Massachusetts Training Programs

Latin American Health Institute
http://www.lhi.org
A leading provider of cultural competence assessment, strategic planning, and training throughout the New England region.

MDPH Disabilities Services Portal
http://www.mass.gov/eohhs/consumer/disability-services
In-service or education training for organizations seeking to improve their effectiveness in interacting with people who are deaf and hard of hearing.

Massachusetts Asian and Pacific Islanders Technical Assistance Training
http://www.mapforhealth.org
Provides cultural sensitivity workshops for human service providers who serve Asian and Pacific Islander communities in Massachusetts. TAT offers technical assistance and workshops for a variety of service providers and community members serving the Asian and Pacific Islander community.

See also: Tool 6.5 for medical interpreting training programs and Tool 5.1 for more information on Area Health Education Centers.

Training Programs and Resources

The Cross Cultural Exchange Program
http://www.xculture.org/cctrainingprograms.php
Training programs, including "Bridging the Gap" interpreter training, list of training topics and links to training resources.

Effective Communication Tools for Healthcare Professionals
HHS Health Resources and Services Administration
http://www.hrsa.gov/healthliteracy/index.html
Free online training on effective communication for patients who are low income, uninsured, have limited English proficiency or limited health literacy.

Harris Family Center for Disability and Health Policy (HFCDHP)
http://www.hfcdhp.org/training.html
Trainings topics include services for people with disabilities and activity limitations, disability literacy, accommodations for improving access for, and working effectively with patients with disabilities.

Tool 1.7: Training Programs and Resources (cont.)

Office of Minority Health Resource Center
U.S. Department of Health and Human Resources
http://www.innovations.ahrq.gov/content.aspx?id=734
Links to the Capacity Building Division and free or low-cost training resources.

Ouch! That Stereotype Hurts
http://www.ouchthatstereotypehurts.com
Video program for training in diversity, inclusion, communication, teamwork and leadership.

Quality Healthcare for Lesbian, Gay, Bisexual and Transgender People
Gay and Lesbian Medical Association
http://www.glma.org
(Click on "Resources;" "For Providers;" "Cultural Competence") A free, four-part webinar series exploring the health concerns and healthcare of LGBT persons.

National Center for Deaf Health Research
University of Rochester Medical Center
http://www.urmc.rochester.edu/ncdhr
Links to relevant training and research projects pertinent to the health needs of culturally deaf people.

The National LGBT Health Education Center
The Fenway Institute
http://www.lgbthealtheducation.org/training
Educational programs, including continuing education, webinars, online training and grand rounds.

Think Cultural Health
HHS Office of Minority Health
http://www.thinkculturalhealth.org
Continuing education programs for health care professionals, including "A Physician's Practical Guide to Culturally Competent Care," a free, accredited online cultural competency curriculum.